


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A thematic analysis of female University students' perception of idealised body image  
in Sudan and their experiences of performing common beauty practices  
(Skin lightening, applying black henna dye and purposively induced weight)

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requirements of the University of Glamorgan/Prifysgol Morgannwg  
for the degree of Master of Philosophy

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## **Abstract**

There is a variation in what considered as social ideal body image by different people and ethnic groups throughout the world; these variations reflect the diversity in cultural values (Sahay and Piran 1997). This study investigated the nature and development of beliefs related to three beauty practices; purposeful weight gain, skin lightening and skin decoration with black henna. The study conducted in Sudan to explore behaviours associated with these three beauty practices in educated young Sudanese women.

Nineteen female university students from different universities across Khartoum were interviewed using an open-ended interview technique. These participants came from both Christian and Muslim families and, regardless of their original place of residence, were all city-residents at the time of this study. The interviews were conducted in Arabic, transcribed and then translated into English by the interviewer to ensure data integrity was maintained.

The interviews were analysed using a thematic analysis. The findings indicated that while the majority of interviewees were aware of some, if not all, of the health risks associated with their beauty rituals this did not deter them from practicing these rituals. Further exploration of the themes indicated that the practice of what might seem non-rational beauty-related behaviours served a range of potential purposes including economic reasons, social esteem reasons and also the motivation to maintain a strong national identity as a Sudanese woman. These findings are discussed in a broader context of health-related beliefs and practices and recommendations made for further studies.

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## Prologue

*My subjectivity is the basis for the story that I am able to tell. It is a strength on which I build. It makes me who I am as a person and as a researcher, equipping me with the perspectives and insights that shape all that I do as a researcher, from the selection of topic clear through to the emphases I make in my writing. Seen as virtuous, subjectivity is something to capitalize on rather than to exorcise.* (Glesne and Peshkin 1992) as cited by Maxwell (2004)

My dedication to this study is rooted in a continuous struggle against the pressure to conform to the dominant perceptions of beauty that prevail in Sudanese society and the impact this has on women's health and wellbeing. I believe that this objection has developed over the course of my life.

On my return home, following my graduation in Bulgaria where I spent seven years, I was stunned by the appearance of women that I had known since childhood; women I had known to have darker skin had become lighter in colour. I didn't know why I was surprised as Sudanese women's attempt to turn their skin light is a long standing practice. However, the dramatic impact this and other practices were having on women I had known since childhood, sparked my desire to learn more about the reasons why women choose to change their complexion and the impact this has on their health and wellbeing.

The wider range of rituals performed by many Sudanese women and my growing objection to them polarised following my declaration that I intended to have a completely different wedding ceremony from a traditional one. I wanted a wedding where I was not presented as a sexual object but as a matured adult who had chosen to marry a man I felt was the right partner, and of whom I was an equal. This meant, to the great dismay and anger of my family and friends, that I did not accept the dowry, the money paid by the bridegroom, nor did I accept 'Shella', the tradition of receiving a wardrobe full of clothes and food items, enough to fill a corner shop. Also, I did not stay in-doors for the established period before the wedding to be prepared as a beautiful bride and to impress his family and friends, although I did undergo the intense efforts of body and hair beautification the day before, and on the day of the wedding.

As a result of my decision, I met with tremendous rejection and resistance from my family, friends and the whole community. Apart from my parents, all my extended family members tried to influence my views. This ranged from verbal insult and harassment, to assertions that my husband would not be sexually satisfied if the wedding did not conform to the social norms and traditions.

This experience triggers an appreciation for my being a human being and not a body and a sexual object. Furthermore, it encouraged me seek to contribute ensuring that Sudanese women are able to fulfil their full potential and to enjoy a healthy and normal social life on an equal footing with men.

Why is beauty so important for Sudanese women? How do they develop their view and perception on the type of body they should occupy? How much influence does Sudanese society have in developing these views? For me, exploring the ways in which

Sudanese university students understand and perceive their bodies and the beauty rituals they perform is one step towards helping Sudanese women focus on their health to gain a greater understanding of the impact some of the key beauty rituals may have on their health and wellbeing. As a public health professional who is concerned with health risk behaviour, I feel it is vital that this issue is to be addressed.



## **Chapter 1    Introduction**

### **1.1    Introduction**

To date, there is a real scarcity in work done with regard to body image perception and beauty practices in Sudan. Unlike the idealisation of a slim figure (Stice 1994; Thompson and Stice 2004) and tanned skin that prevails in the many modern western societies (Cafri *et.al* 2006 and Phelan 2002), in many other parts of Africa, the dominant social perception of female physical attractiveness is to be overweight and to have skin that is light in colour (Rasheed 1998 and Khandelwal *et al.* 1995). Chemical creams are commonly used to lighten the skin and there is a host of fattening diets, pills, injections and rituals that are also used. The focus of this thesis is on dominant perceptions of beauty in Sudan and on the key beauty practices performed by Sudanese women that present significant health risks.

## **1.2 Study Aims and Objectives**

The aim of this study is to explore Sudanese female university students' perceptions of their body, with a focus on important beautification rituals: maintaining a comparatively high body weight, skin lightening and henna dye decoration as these beauty practices present health risks.

### **Objectives:**

- To find out in what way Sudanese university female students perceive their body weight, the role of regular exercise and awareness of balanced diet.
- To investigate why Sudanese women use skin lightening products and use natural or black henna to decorate their skin.
- To explore the factors which influence their attitude and behaviour towards achieving their ideal body image.

### **1.3 Organisation of thesis**

The study will start with an overview of Sudan (Chapter 2), the country where the study was carried out. This chapter will provide a detailed discussion of the three beauty practices that were examined in the study. The literature review (Chapter 3) will cover the key concepts and theories underpinning the thesis. This chapter will conclude with the conceptual framework of this study that shaped both the data collection tools and the analysis.

In order to address the study questions, methodology had to be developed. In the Methodology (Chapter 4), the key dimensions and development of the study's methodology will be detailed. The result of the analysis and the findings will be presented in (Chapter 5). This chapter will present the key themes emerging from the analysis. The themes will be discussed in (Chapter 6) with the last chapter dedicated to the conclusion (Chapter 7).

### **1.4 Contribution to knowledge**

This study will be the first study which contributes to the research evidence based on exploring an understudied area of skin lightening, skin decoration with black henna and weight gain within the context of Sudan. The study will provide knowledge of how beauty practices are perceived by women in Sudan and, moreover, explore the possible health risks involved in such practices. Furthermore, this study will provide important base line data that can be used to underpin the development of other quantitative studies related to women's' health to benefit Sudanese women.

## **Chapter 2 Overview of Sudan**

### **2.1 Introduction**

This chapter provides an overview of Sudan, where the study was conducted, which is not included in the literature review chapter. It outlines key demographic facts about the country.

In the second section, key influences shaping the modern Sudanese society within the context of this thesis are introduced and discussed; namely; the influence of Arabic culture and slavery, the impact of religions and development of the concept of race and a classification system based on skin colour.

In the third section, an overview of the role of gender and the position of women in Sudan is provided. This chapter ends with an introduction to the key beauty practices that this thesis seeks to examine.

### **2.2 Search strategy**

Prior to conducting a literature review, search terms were generated. These included: Sudan, women, body image, objectification, body weight (fattening, fat diets), skin lightening and black Henna. To obtain academic journal articles, databases such as Medline, PubMed, PsycINFO, CINHALL science direct, ingenta connect, were searched and items extracted, downloaded and stored. In addition to this, grey literature was searched by conducting a web, database, newspaper and magazine searches. For information on Sudan, Islam, and women in Africa and the Middle East, Arabic books were searched in library catalogues and via the Internet. During field trips to Sudan, manual searches were conducted in government departments for statistics and relevant documents. Throughout the programme of study, the literature was updated regularly.

### **2.3 Key demographic features of Sudan**

It is important to state that any reference to Sudan in this thesis is referring to the old unified Sudan before the separation in 2010. Therefore, at the present Sudan is divided: The Sudan (northern part) and South Sudan.

The Sudan consists of a one million square mile area extending from North Africa to Central Africa. It shares its borders with nine countries. It stretches from the deserts of the North to the equatorial rain forests and swamps of the South (Badri 2006).

The population of Sudan is 43.6 million. Sudan has a great ethnic diversity, linguistic and religious composition. It has 570 tribes and ethnic groups at the time of independence of the country, Arab descent, Southerners (African affiliation), westerners (Darfur and Kordofan region), Nuba southern Kordofan, Beja of eastern part of the country, Nubian of northern Sudan and foreigners Paglia (2008). The black tribes are still seen as second class citizens which has continued through history from the early days of the slavery trade (Badri 2006).

Economically, Sudan has a very low percentage growth per year of 2.5 according to a recent World Bank Report (2010). According to this report, the gross domestic product is 62 and per capita it is 1425; this is low due to the poor economic conditions of Sudan. The government is facing large amounts of debt and there are not enough resources to maintain the population, reflected by a decrease in value in comparison to the UK sterling pound, and the US dollar.

The civil war in Sudan has impacted significantly on the country's economic position. The devastating impact of the Sudan's civil war has been identified by Ali *et al* (2005). These authors write about the two wars; the first war initially started in 1955 and then settled in 1972. The second war started in 1983 and continued until 2002 when a peace

agreement was reached. In their book, the authors refer to the civil war not just as a Sudanese conflict, but a conflict between Arab and Christians. This war caused a great deal of destruction, not only to the infrastructure and whole villages, but also a loss of 2 million lives and 4 million people being displaced from their homes.

Politically, Sudan's post-independency has been governed mainly by two democracies led by two Islamic parties and three military dictatorships to the present day. The current Islamic regime of General Beshir took power in 1989 by a military coup (Badri 2006).

## **2.4 Key factors shaping Sudanese society**

### **2.4.1 The influence of Arabic culture and slavery**

A key aspect of the history of Arabic influence in Sudan is associated with slavery. It started back in the seventh century when Muslims invaded north Sudan (Paglia 2008).

Mowafi (1985) specifies in her book that Sudan was invaded again in 1820 by Mohammed Ali to achieve his ambition to expand the Ottoman Empire. In doing so he needed to use black slaves to strengthen his army. He enforced the existing class system. Within the class system, women were divided between owner and slaves and a woman's position depended on her class. Women slaves were just a commodity for sale. Major elements influencing slave prices were sex, age and health. Though women were priced less than men, some women had a high value if they were attractive or had a light skin colour. Britain regained control of Sudan in 1890 and joined together with Egypt. Their aim predominantly was to unite the Nile Valley under Egyptian control to achieve economic goals Paglia (2008). The British chose to reinforced the pre-existing dichotomy of the more developed Islamic Arabic north and the underdeveloped African south (Spaulding and Kapteijns 1991).

### 2.4.2 Religious Belief

Currently, Islam is the main religion (app. 75%); Christianity (20%) and indigenous religions (5%) combined form a rather significant minority (Badri 2006). In Sudan, Islamic Arabic culture forms the basis of Sudanese national identity as Fabos (2008) states in her articles exploring Sudanese culture and identity. She indicates that Islamic culture remained throughout history deeply ingrained within the system of social and political power of Sudan. Islamisation in Sudan occurred during the period of Funj and Fur Kingdoms when they were ruling during the period of the sixteenth and nineteenth century and the impact of Islam in Sudan remains significant, defining influence since then. This process of Islamisation involved tremendous demographic movements, particularly the migration of Arabian tribes to different parts of Sudan for commercial purposes and to spread Islam by Muslim scholars Badri (2006).

The country constitution is Islamic law under (the Republic of Sudan Public Order 1996) as cited by Tønnessen and Kjøstvedt (2010). One notable significant to these laws linked to dress (article 152) stipulated that whoever commits an act in a public place; or conducts himself/herself in an indecent manner or a manner contrary to public morality or wears an indecent or immoral outfit that may seem irresponsible; shall be punished with whipping up to 40 lashes, or a fine, or both. It is important to note that the law did not speak about (*hijab*) headscarf and did not outline what is morally accepted in terms of dress. This significant influence of Islam on shaping society and government was not limited to national governments. This can be seen during the British rules that colonised Sudan from 1890 to 1956 Paglia (2008). One of the characteristics of this period was the division of the administration of Sudan as north, with Islamic culture, from the Christian south. The British chose not to interfere with the Islamic culture in the North and enforced colonial policies dividing the country into

civilized Muslims in northern Sudan and Africans ‘perceived as without history’ in the south. This reinforced the pre-existing dichotomy of the more developed Islamic Arabic north and the underdeveloped African south (Spaulding and Kapteijns1991). The domination of Muslim Arab Sudanese identity gave rise to hierarchical categories undermining other Sudanese ethnic groups (kirwan 2002).

Christians in Sudan are minority and predominately live in the South of Sudan. The Muslim government discriminate against the Christians and declared Islamic war against them (jihad) (nations encyclopedia 2012). Christians who were captured by Muslims and sold as slaves, were enforced to convert to Islam (nations encyclopedia 2012). Christians’ women culture in general and their beautification practices in particular in Sudan are lacking substantial evidences in the literature.

### **2.4.3 Concept of race**

The concept of race remains a key social construction and significant influence in Sudanese society. This on-going preoccupation with race and skin colour as part of an ethnic identity is clearly linked with the country’s historical roots from the time of Arabic invaders. Beswick (2005) describes the visual markers of skin colour and hair texture which define who is an “Arab” (good) and who is not (bad)”. It reflects the social belief that “Looking like an “African” is bad; looking lighter is good”. Moreover, Mukhtar (2003) in his article describes the current Sudanese unique way of skin colour classification, to abyad (white), ahmar (red), asfar (Wheat), akhdar (green), azraq (blue), and aswad (black). These colours have their historical roots from the same classification adopted by slave traders in the markets in Cairo. The current social appreciation of each colour is in keeping with its historical market value where slaves



classified as asfar and abyad were sold for larger sums of money than those labelled azraq or aswad (Walz 1985).

## **2.5 The role of gender and the position of women in Sudan**

### **2.5.1 Overview**

The most current data available about gender issues is presented in a millennium report produced by the UN in collaboration with the Sudanese government and other NGOs (UN 2004) in Sudan. A few framing points can be made regarding women in Sudan.

The first point is that women constitute half of the population: among an approximate population for the northern regions of 28.4 million there are 103 males to 100 females. Secondly, women head about a quarter of households. However, the proportions vary between urban and rural areas as well as between regions. Thirdly, in terms of education, illiteracy rates in rural areas are less than two thirds for females and more than 4 out of every 10 males. The recognized rate of girls' enrolment in basic education for the year 2002/03 is almost two thirds compared to boys. School dropout rates seem relatively low and similar for both genders, except in rural areas for the 14-16 years age group where it is higher for girls. A fourth point is that since the beginning of the 1990's, women's participation in economic activities has increased from about a fifth to a third. This is a significant increase, but there are still major gender gaps in employment. Less than 4 out of every 10 women comprise the work force. The proportion of working women in the private sector is 1 to 10 (Badri 2006).

### **2.5.2 Sudanese women's social position**

Sudanese women, through recent history, are generally influenced by the dominant Islamic culture as states by Badri (2006). This shaped a woman's position in Islamic culture which is generally organised around the patriarchal extended family model as described by Mernissi (1991). The Quran ascribes different social roles to men and women according to their different natures, where the woman is the queen of the household and the man is the bread winner. Any social or public role for women is restricted if conflicting with her main domestic role. Hence some Muslim scholars believe women should be prohibited from work or having a public role (Mernissi 1987).

A key aspect of this particular positioning is the notion of a woman's body as a central signifier. A woman's body constitutes an important role in the Islamic traditions. Islamic sexual ethics perceive men as passive recipients of the sexual messages from a woman's body. This understanding has formulated female bodies as a powerful tool to gain marriage and social position. Hale (1997) states that in a society where a woman's position is undermined, the state uses a conservative religious quotation and interpretations to justify their stand. The weakness of women, their prime role and their place is at home serving the husband and raising the children. The husband has the upper hand and control over his wife.

Sudan is a patriarchal society and the state structure and power division reflects the dominance of men. The majority of politicians are male, with men occupying all the powerful and influential positions in the state. The gender structure underpinning Sudanese society is also seen in terms of women's place within the legal system. Ibrahim (1972), as a leading Sudanese feminist, indicates in her book that Sudanese culture is dominated by inequality and the inferior position of women. Moreover, she

argues that women are perceived as weak, emotional and irrational individuals. From birth, girls are prepared to be ideal wives, tend to be taught how to cook and how to look after their bodies in keeping with societal ideals. She states that Sudanese society shapes women from an early age to view themselves as bodies. This has led to the preoccupation of her body as the most important tool in achieving her destiny. This preoccupation reflects itself in the significant role played by beautification practices in Sudanese women's lives.

## **2.6 Three Beauty practices; induced weight gain, skin lightening and black henna skin decoration**

This section introduces the three beauty practices used by women in different places in the world, detailing what they are and the associated health risks. It is important to note that scientific evidences concerning these three beauty practices in Sudan are tremendously limited and under-researched. Therefore, little is known regarding their prevalence, method of practice and health risk linked to them. To my knowledge this will be the first study to attempt exploring women's perception of beauty practices in Sudan.

### **2.6.1 Induced weight gain across cultures**

Women in some parts of the world deliberately, or are forced to, gain weight in order to conform to feminine beauty parameters idealised by society (Batnitzky 2011; Kiawi *et.al* 2006). The study uses the term, "induced weight gain" as a title of this section and in the text, mainly to indicate or refer to women who use several methods to accomplish a society's desirable body weight. Plumpness in Arab culture is considered to be a sign of feminine beauty (Khawaja and Soweid 2004). Therefore, this notion of

beauty causes increases overweight and obesity in south and eastern part of Mediterranean (Mokhtar *et al* 2001; Rguibi and Belahsen 2007). Rguibi and Belahsen (2006) explore cause of obesity in 249 Moroccan Suharawi women, the authors emphasized the harmful effect of obesity and the use of steroids for deliberate weight gain. These women consume high in calories diet, use steroids and also follow an inactive life to achieve their wish to gain weight through their life time.

A further study conducted by Batnitzky (2011), was a qualitative study to examine overweight women and diabetic women in Morocco, where had been a rapid increase in obesity according to national statistics. In doing so, the author explored relationships between health, culture and religion. The findings have suggested that while women who have an increase in Body Mass Index (BMI), they refer to obesity in a social construed context as a large body size. Women choose a sedentary life style to gain weight as part of their cultural and religious beliefs of illness and health.

A survey conducted by Kiawi *et.al* (2006) on diabetes and obesity in Cameroon, found that Cameroonians perceived obesity as a good sign of living and some think it is an indication of good health. Pascale (2004) and Smith(2009) reports that in Mauritania there are known traditions of fattening women in ‘fat farms’ where they force feed them or use different methods for the same purpose. Other African countries such as Nigeria, (BBC 2007), Burkina Faso, Ethiopia and Somalia also perceive big women to be attractive. In 2003 Miss Large Beauty who was 117kg in weight, was picked as a winner from Burkina Faso. Addo *et al* (2009) reported that the prevalence of obesity [body mass index (BMI) equal to or more than 30.0 kg/m<sup>2</sup>] was 10% in men and 36% in women in a cross-sectional study of urban civil servants in Ghana. Addo *et al* (2009) stated that in Ghana there is a positive association between level of wealth and employment and men and the risk of obesity. Therefore, this literature highlights the

positive correlation to socio-economic status in supporting the notion that obesity symbolises wealth in many African context. In addition, it indicates that obesity in women is higher than men and this could be due to the positive social enforcement of obesity in relation to women. Adeboye *et al* (2012) concluded in their systematic review of obesity and its health implication in Africa, that there is a need to promote healthy eating, physical activity and to work towards changing the socio-cultural aspect of obesity that portray fat is attractive and wealth.

### ***Health risk***

Burke and Wang (2011 and Popkin *et al* 2012) report that obesity is a chronic disease which places individuals at high risk of adverse health effects. It is considered to be a pandemic in developed and developing countries.

To measure body weight, Body Mass Index (BMI) has been used as follows: the normal range is 19-24.9 kg/m<sup>2</sup>; overweight is 25-29.9 kg/m<sup>2</sup>, and obesity  $\geq 30$  kg/m<sup>2</sup> (Pi-Sunyer 2000). However, (BMI) widely used measure of body weight there is a debate whether or not there is a need to set a different cut-off to suite various ethnic group (WHO 2012).

Being overweight or obese poses adverse health risks including heart disease, diabetes and cancer (Burke and Wang 2011). Similarly WHO fact sheet shows that obesity and overweight consequently are linked to cardiovascular diseases (primarily heart disease stroke), diabetes; musculoskeletal disorders (particularly osteoarthritis - a highly disabling degenerative disease of the joints); and cancers such as endometrial, breast and colon (WHO 2010).

### **2.6.2 Skin lightening practice across cultures**

Data from World Health Organization indicates the percentages of skin lightening use in several part of the world as follows; Mali 25%, Nigeria 77%, Senegal 27%, South Africa 35% and Togo 59% (WHO 2011). Women in these African countries are reported to use skin lightening products on a regular basis (WHO 2011). In Asian countries such as India, China, Malaysia, the Philippines and the Republic of Korea reported using skin lighteners (WHO 2011). Mercury-containing products made in China have also been identified in Dominican Republic, Lebanon, Mexico, Pakistan, the Philippines, Thailand, and the USA (WHO 2011).

Light skin tone is an important part of body ideals in many cultures around the world e.g. Light skin tone is one of the essential parts of ideal body image in African American culture (Falconer and Neville 2000). Furthermore, Thompson and Keith (2001) Found that black skinned colour has negative effect on African American women's self-esteem. The attempts to lighten darker skin colour has led to the widespread use of chemicals or skin bleaching products, which have had significant side-effects amongst Africans. Hamed *et al* (2010) reported that, for the sake of been beautiful or for increasing job opportunity and also increasing chances of getting married, women in Jordan commonly light their skin, following administration of a questionnaire in the pharmacy by 318 who use skin lightening creams. In addition to this, the authors pointed out that 60.7% of women in Jordan use skin lightening.

Kpanake and Mullet (2011) explores Togolese adults' perceptions of regular skin bleaching. They conclude that powerful motives for skin bleaching include being important, attractiveness, enjoying light skin and being perceived as fashionable.

Through content analysis Christopher (2009) indicates that bleaching the skin in Jamaica holds many values for skin bleachers as feeling of being beautiful to attract a

partner, been popular and feeling good. Various researchers reported that motives for individual to perform skin lightening; to attract high status partner, to enhance their self-esteem and for obtaining a job (Blay 2009 and Fokuo2009). Global media and new technology and effect of the previous colonial ideology have created a social context that admire and glorify white skin colour to be represented as supreme skin colour (Hunter 2011). Philips (2004) explores the significant of light skin colour in getting marriage and the value of dowry in part of India. Philips (2004) noted that light skin colour perceived as a main symbol of female ideal beauty and feminine gender identity integrated with health, morality and also regarded as marker for social location that have impact on dowry negotiations and marriageability. Al-Saleh *et al* (2004) indicate accumulation of mercury in ovaries of mice after the application of skin lightening creams could represent health risk to human. These authors conclude that in Saudi Arabia, availability and common use of skin lightening creams encouraged by mass media effect and advertisements which glorify the effect of their usage.

### ***Health risks***

Skin lightening products contain chemicals, such as mercury (Saleh and Al-Doush 1997), hydroquinone (DeCaprio 1999) and corticosteroids (Gaudianoa *et al* 2010). These compounds are potential health hazards. Percutaneous absorption of bleaching products is enhanced as these products are used for long periods of time, on a large body surface area and in hot, humid environments (Olumide *et al* 2008). Hydroquinone containing products are suspected of having a strong association with ochronosis (the bluish black discoloration of certain tissue) (Phillips *et al* 1986 and DeCaprio 1999). Al-Saleh and Al-Doush (1997) investigated 38 samples of different skin lightening cream containing mercury in Saudi Arabia. Their results revealed that 45% of the

samples positively indicated the existence of mercury. Mercury can be absorbed into the bloodstream, causing damage to the kidneys, liver and brain, potentially leading to organ failure. It can produce a range of signs of central nervous system toxicity, including personality changes, nervousness, irritability, tremors, fatigue, loss of memory and peripheral neuropathy. It can also cause mental illnesses including psychosis, changes in or loss of hearing, vision or taste. All these symptoms can occur following chronic exposure to mercury salt as indicated by US Department of Health and Human Services, Public Health Service (1993).

Al-Saleh *et al* (2005) carried out experiments in mice to test the low mercury concentration cream 'Fair & Lovely' which is widely available over the counter in Saudi Arabia. They found significant pathological changes in the kidneys, liver and the brain. Kpanake and Mullet (2011) and Olumide *et al* (2008) add that long-term use of skin lightening can result in ophthalmologic, endocrinologic and cutaneous complications. The use of skin lightening products has been reported by African Canadian immigrants who developed extensive striae and exogenous ochronosis (Mistry 2011).

Petit *et al* (2006) in a descriptive study of the complications caused by use of clobetasol and hydroquinone skin lightening practices of decedents, 46 Africans (39 women and 7 men) living in Paris reported on how it shows a significant health problem. Mah'ea *et al* (2007) stated that skin lightening is a common practice during pregnancy in Dakar. They followed up 99 pregnant women who used hydroquinone or highly potent steroids. The outcome of the pregnancies for those who used skin-lighteners, compared with those who did not, was similar. However, statistically the women who used highly potent steroids, showed a significantly lower plasma cortisol level and a smaller placenta, and presented a higher rate of low-birth-weight infants.



Al Ghamdi (2010) carried out a study in Saudi Arabia. The study found that the majority of respondents over-used or misused skin bleaching products regardless of their age, education, marital and social-economic status. Despite prohibition of these agents by regulatory agencies due to multiple dermatological, physiological, psychological, economic, social and cultural implications, their distribution still has not been significantly censored (Ladizinski, Mistry and Kundu 2011).

Gaudiano *et al* (2010) debate the existence of illegal/fake medicinal products as representing a serious public health problem. Six glucocorticoids substances included in illegal fake creams, gel and ointments for dermatological action were detected such as betamethasone, dipropionate, dexamethasone, fluocinonide, fluocinolone acetonide, clobetasolpropionate and methyl-prednisolone acetate. A fake medicine could comprise non-declared substances or show a co-presence of different active pharmaceutical ingredients of particular concern when considering glucocorticoids effect. Thus he indicated the need to strengthen the analytical capabilities of control laboratories to rapidly analyse a large number of samples in a short time by simple methods by emphasizing police controls, forming information campaigns for citizens and immigrants.

### **2.6.3 Black henna skin decoration practice**

Since the earliest days of Islam, Muslims used to dye their hair with natural henna. Black henna is known in many countries worldwide, Middle East, Indian subcontinents and African and traditionally used. Recently it has become recognized in several parts of Europe (Kazandjieva 2007 and Onder 2003). In Sudan there is a long established practice of applying Black Henna skin decoration. Black henna is extremely popular amongst Sudanese women (Abdulla and Davidson 1996).

## ***Health risks***

Shavit *et al* (2008) refers to natural henna, a dye derived from the plant *Lawsonia*, when applied to decorate the skin being reddish in colour and rarely causing adverse effects. Ramírez-Andreo *et al* (2007) explain that whereas black henna is a combination, natural henna with other substances such as a paraphenylenediamine (PPD) produces the dark colour of the black henna. PPD is an aromatic substance that can interact with other substances which contain a benzene ring in their molecular structure and can cause adverse cutaneous reactions.

Abdulla and Davidson (1996) in a case report indicate that (PPD) is a potent skin sensitizer. It can cause dermatitis, angioneurotic oedema, collapse and renal failure.

In spite of the health hazards of black henna, it remains widely used amongst Sudanese women throughout all classes and age groups. Hashim *et al* (1992) wrote a report about health implications following black henna poisoning in Sudan. The report stated that henna dyes and paraphenylenediamine dyes blended together in a mixture caused poisoning for 31 children in Sudan from 1984 to 1989, leading to hospitalization. There was a characteristic clinical presentation. All the children had suffered from acute and severe angioneurotic oedema and 15 cases required emergency tracheostomy for respiratory obstruction. Five children developed acute renal failure and only survived due to peritoneal dialysis. There was a high mortality rate with 13 deaths occurring within 24 hours of presentation. Hypotensive shock gave a poor prognosis. It is likely that similar cases may have been occurring unrecognized where Henna is traditionally used.

These authors suggest that public education and restriction of paraphenylenediamine is urgently required in The Sudan and other affected nations. Ingestion was accidental

within 12 children, deliberate in 10 and homicidal in three cases. There was a high chance of cutaneous absorption in the remaining six.

Abdelraheema *et al* (2010) conducted a literature review on PPD intoxication in children. They found that PPD intoxication seems to be a common health hazard in Eastern Africa, particularly in Sudan. They list the health risks associated with PPD poisoning; severe allergic reaction such as angioedema, acute kidney injury, rhabdomyolysis, flaccid paralysis, gastro-intestinal symptoms and heart problems. Jacob *et al* (2008) the authors demand, due to potentiality of PPD as an allergic chemical in henna causing hypersensitivity reaction, a policy for children.

## **Chapter 3    Literature review**

### **3.1    Introduction**

The aim of this chapter is to introduce the key concepts and theoretical frameworks that underpin the thesis and in which they are rooted.

The first section provides a brief introduction to key concepts that underpin this study such as Physical attractiveness and beauty, body image and ideal body image. The second section will explore the main theories which have been used to address and understand body image and beatification practices. In doing so, objectification theory work of Fredrickson and Robert (1997) will be introduced. The third section reflects on the tripartite influence model and its relevance to the study. The fourth section explores psychological factors. The fifth section introduces socio-status and it's relevant to development of body image. The final section religion influence on body image will be introduced. The final section of this chapter provides a conceptual framework that shows the associations between the key concepts, theories and influential factors explored in the literature review.

## 3.2 Key Concepts

### 3.2.1 Physical attractiveness and beauty

Oxford dictionaries define Beauty as “a combination of qualities, such as shape, colour, or form that pleases the aesthetic senses, especially the sight”. Therefore, as Armstrong (2004) agrees that beauty cannot be defined by only one principal. Peiss (2000) adds that beauty play a role in classification of social status, gender and class in addition to its aesthetic value. Thus, beauty ideal was developed by societal relationships and cultural practices, which formed commercialization of beauty concept (Peiss, 2000). Feminist argue that females “have invested substantial amounts of time, energy, and emotional resources in the usually futile effort to conform to these [beauty] standards” (Forbes *et al* 2007, p.265).

Evolutionary psychologists believe that physical attractiveness is a universal phenomenon developed by mankind to serve the purpose of mating and conception (Sugiyama 2005). Evolutionary psychologists’ views are advocating a purpose which is different to the feminism theory which advocate that the main standards of beauty are arbitrary, artificially constructed and meaningless (Sugiyama 2005). Evolutionary psychologists indicate that there are many fixed stable underlying, traits of the human body which communicate information about health and fertility, which are then interpreted by humans as attractive (Symons 1979).

Historically, men when choosing a mate would be influenced by some signals reflecting high degree of fertility (communicated by various physical traits, such as waist-hips ratios (WHR)) (Forbes *et al* 2007). It is claimed modern men have inherited some of these features which influence their perception to body ideal (Forbes *et al* 2007).

Waist-hips ratios (WHR) have been viewed as apparent signal that can be read easily by others, to show health and fertility. If women were not interested in conveying these messages or not ready they used cloths to cover up and block these signals (Tooke and Camire 1991). However, Swami and Tove'e (2005) argue that body mass index (BMI) is an essential predictor to physical attractiveness whereas, WHR fail to predict attractiveness preference.

Though mate selection theory can give some understanding of some relative agreement on the characteristics of body image ideal but it did not explain the emerging of feature and variation in physical attractiveness perception through the world. If the mate selection is valid, it should show a stable characteristic for physical attractiveness through the world. There is no evidence to support the presence of a universal and fixed characteristic for physical attractiveness. However, other authors argue that certain standards of physical attractiveness vary through time and across cultures, such as slenderness versus plumpness (Forbes *et al* 2007; Voracek and Fisher 2002).

Furthermore Swami *et al* (2010) in an international project which included 26 countries have found clear variation in perception to physical attractiveness and preference associated with body weight.

Some feminist writers such as Wolf (1990; p.6) argues that beauty practices are in fact regarding men's institutions and institutional power which aims to "destroy women physically and deplete them psychologically". Contemporary women tend to achieved culturally ideal body through dieting and cosmetic surgery (Grogan 2008).

### **3.2.2 The concept of body image**

The concept of body image is a core concept underpinning this thesis. This concept is not solely rooted in an individual's feelings, thoughts and perceptions about one's own body. It also encompasses the actions people take in modifying their body and regulating their behaviour as stated by several researchers (Cash and Pruzinsky 1990; Grogan 2008). Although it applies to both sexes, the research evidence in this field focuses predominately on women. Hilhorst (2002) argues that physical beauty and attractiveness are becoming increasingly important in most societies, particularly amongst females and it is important that this is taken seriously when physical beauty reflects on a person's identity.

Body image is defined by Cash as "encompasses one's body-related self-perceptions and self-attitudes, including thoughts, beliefs, feelings, and behaviours" (Cash 2004, p. 1). The body image is described as a multidimensional experience, thus it cannot be understood as a unitary concept. An almost identical definition was adopted recently by Grogan (2008) as she explained the concept of body image as person's perceptions, thoughts, and feelings about his or her own body.

### **3.2.2 Ideal body image**

Several factors play a role in shaping one's perception of an ideal body image. Ideation of body image can be a reflection of certain cultural contexts, values and norms (Wardle *et.al* 1993). Wheeler and Kim (1997) argue that all cultures have an idealised notion of beauty, but that these notions are, in turn, determined by cultural values that shift and change across time. However, Tove'e *et al* (2006) argue that these notions of beauty could influence by exposure to different environments.

There is a variation in what is considered to be an ideal body image by different people and by different cultural and ethnic groups throughout the world (Baumann 2008). These variations reflect the diversity in cultural values and, moreover, the ways in which individuals perceive their bodies and their associated behaviours are, in turn, shaped by dominant narratives of beauty (Sahay and Piran 1997). Authors such as Tove'e *et.al* (2006) suggest that personal preferences in attractiveness are flexible, and can change with exposure to different environments and situations. Other authors, however, such as Johnson and Lennon (1999) argue that dominant narratives of beauty not only encourage individuals to conform to them, but also shape how individuals perceive themselves with regard to self-worth and in relation to their appearance compared to that counted as an ideal by their societies. Research has persistently established strong associations between persons' perceptions concerning their physical appearance and a selection of cognitions, affects and behaviours (Thompson *et.al* 1999). Previously, Cash and Pruzinsky (1990) identified ideal body image as a social representation of the body that can be determined through media, family and peers. These authors explain that socially constructed an ideal body, objective body and the internalised ideal body image, a person can construct a mental picture of his body image. These authors argue that discrepancy between individuals' perception of their bodies and their perception of an ideal body image is known as body dissatisfaction.

### **3.3 Key theoretical frameworks**

#### **3.3.1 Concept of objectification**

Objectification is a concept of considering a person as an object which involves several dimensions and processes that are identified by Nussbaum (1995) in her book.



In her work on objectification Nussbaum (1995) recognised seven dimensions of objectification: instrumentality (being treated as tool, valued only as a body), denial of autonomy, inertness, fungibility (considered an object, alongside other interchangeably objects), violability (lacking a wholeness or completeness), ownership (can be possessed by others) and subjective denial (lack of emotions consideration by others).

Formerly, Kant (1785) views objectification as the reduction of a person possessing humanity to the status of an object. Kant explained humanity as an individual's natural ability for rational thinking and choice. Characteristic of objectification is where one person is the objectifier and the other person is being objectified (Bartky 1990). Zurbriggen *et al* (2007) viewed objectification as a key process whereby women learn to perceive their body and deal with their bodies as objects to fulfil others desires. Women are under constant pressure to correct their appearance and, as a result, women treat their bodies as items to be decorated and gazed upon Zurbriggen *et al* (2007).

### **3.3.2 Objectification theory**

Fredrickson and Robert (1997) proposed the influential objectification theory which has been construct research on body image and eating problem. It also outlines psychological magnitudes of women's experiences in a cultural setting where a woman's body is sexually objectified. Sexual Objectification theory is rooted in the notion that women are sexually objectified and perceived and treated as an object to be valued for its use and the benefits of others. This theory also highlights the mental health problems related to women who have experienced sexual objectification (Fredrickson and Roberts 1997). The objectification theory sketches how girls and women are subjected to constant processes of acculturation to internalize and adopt the

observer's perspective as a primary view of their physical selves. This leads to constant body monitoring by women to maintain this image. Failure to achieve a high level of identification with this social image increases a woman's sense of shame and anxiety. Consequently, this affects women's self-esteem through reduction of opportunities for peak motivational states, and reduction of awareness of internal bodily states (Fredrickson and Roberts 1997). This occurs when a woman's body become the prime characteristic of her as a person and all her other feature were reduced to a physical object for male sexual desire (Bartky, 1990).

The authors indicate that objectification contributes to alienating women from their natural potential. Fredrickson and Roberts (1997) stated that women through the process of internalisation accept this outsider view and start treating themselves as an object to be looked at and evaluated on the basis of appearance. This process of Self-objectification reflects how some women show more attention to one's body image and appearance attributes rather than competence-based attributes. It also explains the constant awareness by women to their body image and the way they look (McKinley and Hyde, 1996; Noll and Fredrickson, 1998).

Pressure to conform to societal expectation may explain some health risks that disproportionately affect women: unipolar depression, sexual dysfunction, and eating disorders (Fredrickson and Roberts 1997). Thus the theory provides a good framework which helps to explain some mental health problems related to women who have had experiences of sexual objectification. The objectification theory moreover provides a coherent theoretical basis for mental health issues associated with changes related to a woman's body throughout her life cycle. Fredrickson and Roberts (1997) believed that self objectification can increase women's anxiety about physical appearance due to the fear of how her body perceived and evaluated. This constant evaluations lead to

negative emotional state of body shame when failing to meet cultural standard of body image ideal. Within the framework of objectification theory, sexual objectification is consider isolated parts of a female body or sexual function from the rest of her collective self and identity and regarding them as a true representative or replacement of her whole self (Bartky 1990).

Explicitly, the objectification theory argues that internalised cultural practices of sexual objectification encourage girls and women to self-objectify or to adopt a view of themselves as objects whose value depends on shape and appearance (Bartky 1990). Other authors such as Muehlenkamp and Saris-Baglama (2002) agree that the significance of self-objectification of women, who treat themselves as objects to be observed and valued built upon their appearance, has a direct impact on their mental wellbeing. It is associated with significant risk factors such as a sense of shame and anxiety as well as depression and eating disorders. Anxiety within this context is seen as a negative reflection for a person's body and the fear of how it is expected to be evaluated.

### **3.3.3. Impact of self-objectification**

Self-objectification is the state described by Fredrickson and Roberts (1997) as the acceptance and adoption of an observer's view of one's own body. Persistent body surveillance, or the act of constant monitoring of the body's outward appearance, is a reflection of self-objectification. The process of body surveillance is postulated to be associated with self-esteem anxiety. It is crucial emphasises that self-objectification varies between different individuals. Women are not equally affected by objectification. Seeking to rationalise this, Fredrickson and Roberts (1997) identify the following reasons – firstly, observer perception of the body can be internalised to a varied degree. Secondly, type and degree of self-objectification can be produced by a

mixture of variants such as race, ethnicity, age, class, sexuality and personal histories and physical attributes. Furthermore, Fredrickson and Roberts (1997) argue that sexual objectification does not affect every woman all the time. With different degrees and types of objectification, it depends on a woman's awareness and prediction of potential observer viewpoints of her body in a particular cultural context. By adopting conscious strategies, some women step out of objectification during their life and resist the cultural practice of objectification. Gianini (2011) in her Study revealed that self-objectification a unique variable associated to body image and eating disorder which is anticipated by the tripartite model of influence (TIM) variables as well as teasing.

Body shame, anxiety and awareness of internal bodily states and peak motivation states are experiential and psychological consequences of self-objectification and body surveillance (Fredrickson and Roberts 1997). *Body shame* is a negative emotion linked to low self-esteem which is associated with failure in meeting an internalised cultural standard. A woman's efforts to change her body and appearance reveal the extent to which body modifications are driven by shame which elevates pressure. Accordingly, it is considered immoral for women who fail to achieve this obligation. This enforces the task of meeting societal standards to a stage of moral responsibility. *Anxiety* is a feeling of threat and fear of when and how a person's body is expecting to be evaluated. State of unawareness of how one's body will look and be evaluated, can lead to anxiety of appearance to potential exposure. *Peak motivation state* is the feeling of joy associated with the sense of living without others control. *Awareness of internal bodily states* is the capacity to detect and precisely understand physiological sensations.

Calogero, Davis and Thompson (2005) verify that self-objectification and desire to conform is so powerful that can lead pathological and maladaptive behaviour.

Internalization of the thin idealisation and the desire for being thin among women has been linked with the development of anorexia nervosa. According to Moradi and Huang (2008), sexual objectification influences not only beauty standards of thinness, but also portrays messages on idealization not only body image ideal also heterosexuality and other dominant cultural values. Sexual objectification varies in different situations, environments and subculture. It increase significantly in cultures where perception and objectification to women is encouraged and promoted (Slater and Tiggemann, 2002). This support the importance of studying the cultural back ground and the social values for the society under study. This shows that self objectification has some specific features related to the environment from which it emerges, hence it is important to understand the components of that culture. Buchanan *et al* (2008) found that higher levels of attention to skin colour which is clearly related to higher levels of body shame and skin dissatisfaction among African American women.

Internalised body image ideal and the psychological and social reinforcement can encourage women to adopt and maintain these different beautification practices Jeffreys (2005). Jeffreys (2005) believes that beauty practices are harmful and aim to create a stereotyped femininity which portrays women spending amounts of time and energy in order to fulfil the accepted standard of attractiveness. It is claimed that woman's body is not just perceived as an object but also is expected to engage in a constant self-surveillance and beautification practices in the pursuit of the ideal body image (Blood, 2005).

### **3.4 Tripartite influence Model**

The Tripartite Influence Model (TIM) (Thompson *et al* 1999) with multi factorial characteristics was developed to understand development of body image disturbance and eating dysfunction. TIM emphasizes the influence of three social factors; parents,

peers and media have direct impact on body dissatisfaction and eating disorder. Additionally, TIM includes internalization of societal constructed ideal body image and social comparison as two mediating factors that influence indirectly development of body image dissatisfaction and eating disorder.

One of the three key factors is parental influence. Girls' negative bodies experiences can be influenced by their mothers' body surveillance and body shame (McKinley 1999). Smolak *et al* (2001) and Ricciardelli *et al* (2000) explored that in the relationship between body image perception and parents' influence, parents have a major role in developing their children's perception of body image and attractiveness. This is done by direct or indirect forms of interaction. Parents, who persuade their children to dress, look or act in a certain way, lead their children to formulate their own perception of attractiveness and body image. Direct comment or indirect parental modelling relating to body image and attractiveness has an impact on children's self-esteem and perception of their body and their concept and belief about attractiveness and body image. Neumark-Sztainer (2005) indicates that parents can influence eating habit and weight gain in children by enforcing positive behaviour through modelling e.g. healthy eating, communication, creating an encouraging environment for healthy food and by focusing on healthy eating behaviour rather than weight gain. She also adds that parental influence can be affected by societies that encourage unhealthy eating and negative body image. Bardone-Cone *et al* (2011) described parental influence with regard to modelling behaviour and communication with women is similar between Black and White ethnicity.

The peers influence is a second key factor of TIM. Peers influence can be understood as Lunde and Frisén (2011) in their work, examined early peers victimisation in 602 boys and girls at age 10 and the relationship to objectified body consciousness during

adolescence. They found that early peers victimisation can develop body surveillance and body shame at the age of 18. Also, Ricciardelli *et.al* (2000) indicate that there is an association between body image and peers influence. The effect of a peer group during elementary school is less than during adolescent years, but there is evidence to suggest an impact from early childhood can develop body image perception and satisfaction. In elementary school, social comparisons seem to be a factor in forming that concept. Peers messages seem to be more significant in association with body satisfaction, especially amongst female adolescents (Hutchinson and Rapee 2007).

The influence of the media is another key factor of TIM. The media's effect is established by many researchers as a variable risk factor for body dissatisfaction and eating disorders (Levine and Murnen 2009; Harrison and Hefner 2008; Ricciardelli *et.al* 2000). What is reflected by the media conveys the value of women as a sexual object and values that are mainly based on their appearance (Gordon 2008). Internalisation and investment in appearance for self-evaluation processes have been affected by three main media influential processes that have been identified. These processes can influence perceptual, behavioural, affective and cognitive components of body image development. There is evidence of media effect on body image such as perceived pressure from media. Garner (1997) found that in a wide survey on body image perception amongst women and men, idealised and portrayed body image ideal has caused them to become insecure and incompatible about themselves and their body image.

Stice (2004) has found a direct relationship between media exposure and eating disorder symptoms. TV advertising and printed media reflects and confirms the ideal body figure and has dictated these messages to the whole society (Thompson *et .al* 1998). However, Paquette and Raine (2004) state that the media's effect can be

mediated by women's internal context such as self-confidence and self-criticism and also women's relationships with their spouse or other women. Myers and Crowther (2007) argue that awareness by feminist's beliefs might play a protective role in the relationship between media awareness and thin-ideal internalization. However, feminist beliefs show no protective role in the effect of social influence and thin-ideal internalization. Self-objectification can be influenced by consumption of objectifying media via internalisation of the media's presentation of individuals as sexual objects (Slater and Tiggemann 2006). However, Zurbriggen(2011) found no link between over all media consumption and self-objectification, only the link between magazines exposure enhance self-objectification .Whereas, Hardit and Hannum(2012) have found out a significant support TIM in regards of media influence as a predictor of body dissatisfaction and not to parental and peers criticism.

Some studies have examined and supported influence of TIM variables in adolescents' girls and women (e.g., Keery, van den Berg, and Thompson, 2004; van den Berg *et al* 2002). Other authors such as Tylka (2011) modified TIM to explore development of men body image dissatisfaction. The Tripartite model is based on three primary socio-cultural factors. These factors are peers, parents and media. It claims they are responsible of generating and shaping direct influences individual perception to body image. Also it has two proposed mediators (social comparison, internalization of appearance ideals) as potential causes of body dissatisfaction. The model concludes that this dissatisfaction is the basis of eating disturbance.

This state of body dissatisfaction is shaping individual reaction leading to maladaptive behaviour leading to eating disturbance (Keery *et al* 2004; Shroff and Thompson 2006; van den Berg *et al* 2002; Yamamiya *et al.* 2008). This etiological framework has been used in different target groups from middle school girls and US to Japanese college



female samples and it has shown that body dissatisfaction as it relates to eating disturbances (van den Berg *et al* 2002). Yamamiya *et al* (2008) in their study they examined TIM to determine socio-cultural effect on body image dissatisfaction (BID) and eating disturbances in 289 Japanese undergraduate female students. This study has concluded that there are similarities between social cultural factors and interpersonal factors that impacted on BID which strengthened its generalizability.

The tripartite influence model of body image has been supported by many empirical studies which established its validity and reliability (Keery *et al* 2004; Thompson *et al* 1999).

Menzel *et al* (2011) in assessing the impact of psychological and social influence linked to attitude to cosmetic surgery. The Study examines the effect of body satisfaction; pressure to perform cosmetics surgery and the role of internalization of idealized body image for individual who undergo a cosmetic surgery in a sample of 2,048 American college students. Their findings indicate that perceived social cultural pressures to perform cosmetics surgery negatively associated with body satisfaction.

Rodgers *et al* (2011) aim to compare level of body dissatisfaction between French and Australian women in cross sectional study utilized TIM. The findings indicate that Australian influenced more than French by media, peers, internalization and appearance comparison and bulimic symptoms. In addition to low level of self-esteem in both Australian and French also conclude that body dissatisfaction influenced by certain culture setting in term of rate and intensity.

The TIM variables were measured by specific scales. Family influences Variable this has been examined by Family Influence Scale. This three-item scale assesses participants' views of the investment in physical appearance conveyed by each of their parents. For each scale, two items are rated on a 3-point scale, from 1 (not at all

important) to 3 (very important), while the third is rated on a 6-point scale, from 1 (never) to 6 (all the time). Higher scores indicate higher levels of perceived investment of appearance. Many studies has proven its high reliability van den Berg *et al* (2002).

The Peer Influence Scale is a similar parameter of the Family Influence Scale which shows good level of reliability (van den Berg *et al* 2002).

The Media Influence Scale measure participants' views of how much of their physical appearance is actually conveyed by the media. It has proven to show high level of internal reliability (van den Berg *et al* 2002).

The Physical Appearance Comparison Scale is a five-item scale measures the tendency to compare one's own appearance to that of others in social situations .It has proven to have a good standard of reliability (Thompson 1991).

Van den Berg *et al* (2002) study focuses on examining only social comparison as a mediator and excludes internalization of appearance ideal to examine the relationship between parents, peers and media and also they add additional factors. However, they found out family and media but not for peers influence through social comparison can mediate the body image disturbance and eating disorder. Limitations of these findings were enhanced by the study necessary modifications made on the TIM and social comparison application solely.

Internalization of body ideals was assessed by Socio-cultural Attitudes towards Appearance Questionnaire. This scale has proven to have high reliability standard (Thompson *et al* 2004 and Grabe *et al* 2008).

The body dissatisfaction subscale of the Eating Disorder Inventory used to measure individual with their body. It has proven to be of high reliability and validity (Garner *et al* 1983). Rodgers *et al* (2011) aim to compare level of body dissatisfaction between

French and Australian women in cross sectional study. They conclude that body dissatisfaction influenced by certain culture setting in term of rate and intensity.

Drive for thinness and preoccupation with thinness is assessed with the Eating Disorder Inventory .The inventory has proven to be of high reliability score (Garner *et al* 1983).

This model received support different in cultural settings to examine body satisfaction and eating disorder (van den Berg *et al* 2002 and Yamamiya *et al* 2006) has not yet been proposed to Sudanese socio-cultural settings.

According to narrative nature of this study TIM variables will not be measured with its recognised scales. In Figure (1) TIM as it was cited by Rodgers *et al* (2011) indicates that there are direct (socio-cultural) influences on body dissatisfaction and indirect effects (via mediators of internalization of ideals and appearance comparison) on body dissatisfaction. Therefore, adaption of Figure (1) to fit in the aim of this study researcher conducted some modification to produce Figure (2). According to the study's aim TIM (Figure 1 cited by Rodgers *et al* (2011) was modified the eating disorder or bulimia as maladapted behaviour was not examined in this study it replaced by adoption to the three beauty practices of interest. Also drive for thinness in the original model was replaced with drive for ideal body image to serve the study goal (Figure 2).

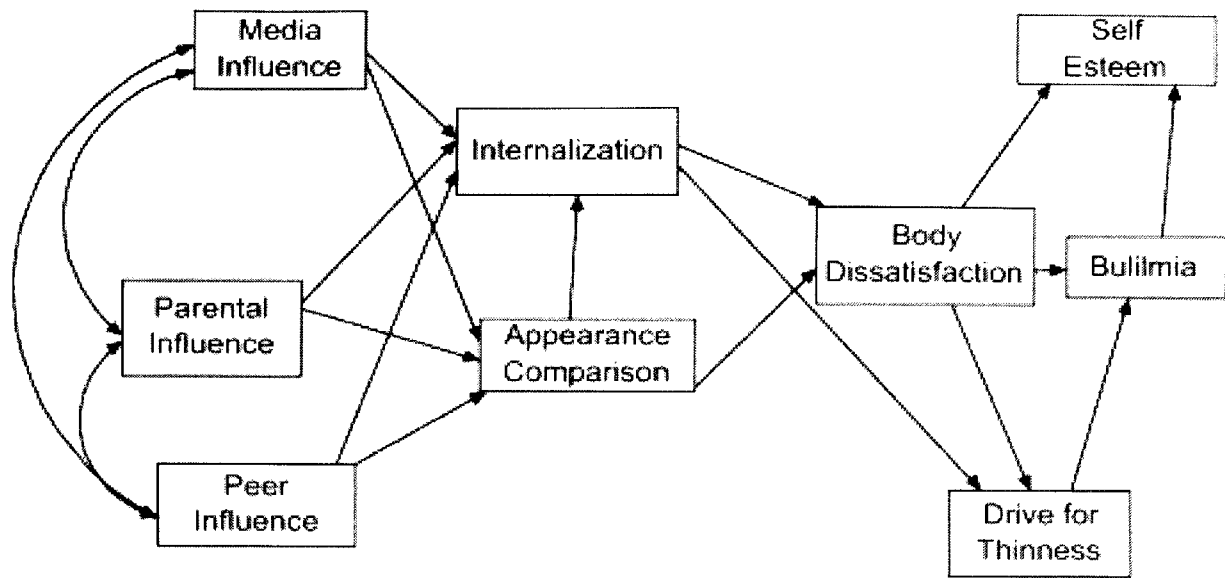


Fig -1- The theoretical tripartite model cited by Rodgers *et al* (2011).

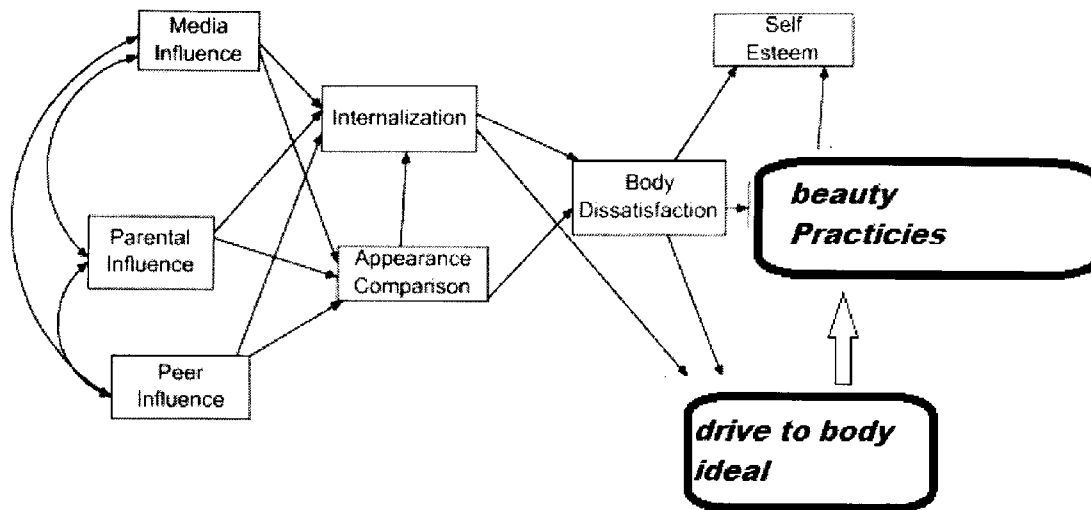


Figure-2- The modified tripartite model of Rodgers *et al* (2011)

In conclusion TIM can be proposed to represent an essential part of theoretical framework in this study that highlight social pressure that convey and influence women perception to ideal body image. In Sudanese social context, it can explain the dynamic of body dissatisfaction and body modifications behaviour to conform to Sudanese social standard of beauty by performing the three beauty practices which are examined in this study.

In the current study, TIM seems to be appropriate to be considered beyond idealization of slimness and thinness culture through dieting behaviour. It can form an important part of the theoretical framework for this study. Its multidimensional influences can be utilized to understand the impact of parents, peers and media within the culture of young Sudanese women and how they perceived certain beauty practices such as skin lightening, skin decoration with black henna and weight gain. In addition to the role of

the mediating processes of internalization of societal appearance ideal and social appearance compression to these three beauty practices.

### **3.5 Psychological factors influenced body image**

Individual mental well-being plays a significant part in body image perception.

Self-esteem and stress are the two important dimensions underpinning the psychological factors that need to be included in order to understand body image in Sudan and women's understanding of common beauty rituals they practice. Self-esteem can be understood as Branden (1969), divided into self-efficacy and self-worth. Firstly, self-efficacy involves how well a person deals with challenges in his / her life. Secondly, self-worth involves how an individual sees his / her own worth as a person. Self-esteem reflects an individual's evaluation of his characteristics and competence. Consequently, self-esteem has a significant impact on individuals' attitudes, emotional experiences, future behaviour, and long-term psychological adjustment (Judge, Erez and Bono, 1998). Tiggemann and Williamson (2000) believe that high self-esteem is a protective factor of body image dissatisfaction. Body dissatisfaction is strongly associated with low self-esteem. Individuals with low self-esteem tend to devalue their personal qualities. They are more prone to social pressure, they tend to identify with the main stream and conform to its values (Van den Berg *et al* 2010). Also research has focused to a large extent on trait anxiety as a possible factor involved in harming self-esteem (Sedikides *et al* 2004).

Psychological stress is recognised as a negative state when an individual is challenged by a situation which perceived by him / her as beyond his / her normal abilities. It is defined by Lazarus and Folkman (1986) as "Psychological stress refers to a relationship with the environment that the person appraises as significant for his or her

well-being and in which the demands tax or exceed available coping resources”. One study identifies a strong association between stress and body image dissatisfaction in female and male adolescence and also this study outlines the role of self-esteem (Murray *et al* 2011). There is clear evidence of the psychological effect of negative childhood experience such as bullying; teasing about shape and appearance which could be the seed for the individual perception of body image (Wardle and Cooke 2005).

### **3.6 Socio-economic status and body image**

According to Engels (1884), through the history of mankind there was unequal wealth and property distribution between women and men. This asymmetrical distribution of wealth leads to men being in a privileged position over women, which is reflected on the level of the family and wider society. Angels concludes that social subordination of women is determined by economic factors and it is a clear reflection to this through history. Swami *et al* (2010) conducted a survey across 26 countries to examine the ideal body weight and body dissatisfaction. This survey result indicated not only the great variation of ideal body image across cultures but also heavier body weight preference is linked to low socio-economic status and low body weight to high socio-economic status within cultures.

Ricciardelli *et al* (2007) finds that obesity in Ghana is positively correlated to socio-economic status which indicates the contrary in Western world, which supports the notion that obesity symbolises wealth in African context. Popenoe (2004) argues that beauty idealisation and body modification is going on throughout history therefore capitalism and media always benefits this trend.

### 3.7 Religion influence on body image

(Kim 2004) in this study the author conclude that there is a few associations between religion, body weight, body image, dieting, fat intake, and physical activity. Whereas emphasized the role of the religion in health related elements. Religion belief influence behaviour and attitude to form ones cultural identity (Tarakeshwar, Stanton, and Pargament, 2003). Belief of God or spirituality at greater level decreases body surveillance in men but not in women (Wetherbe 2007).

Despite the evidence that religious affiliation improve mental health of individuals (Ellison 1991), no evidence to support being Muslim is beneficial or harmful to women's body image. However, Mussap (2009) in his study compares Muslim and non Muslim Australian women to understand the link between Islam and Body image. The study conclude that strongly faithful women in Islam, with less exposure to western media ideal body image or being wearing Islamic clothing have a negative association with body dissatisfaction, self-objectification and dietary restrain. Rastmanesh *et al* (2009) also indicate high level of body satisfaction and self-esteem have a protective role regarding a psychological health in women who strongly adopted Islamic veiling. Odoms-Young (2008) with regard to Islamic culture, this author finds that Muslim women's body image perception is influenced by their religious beliefs far beyond their dress and appearance it shape their views on self and their perception to their body image. The author proposes that body image studies with black women should consider race, gender and religion variations. Mahmud and Swami (2010) pointed out that in the West wearing Islamic dress "hejrab" decreases Muslim's women not only perceived attractiveness but also perceived intelligence than the women not wearing "hejrab".



In different study linked to Christianity, Boyatzis *et al* (2007) state that pre-test and test the study participants after and before reading theistic-religious. These participants are college students who mostly white and Christian women feel better about the way they look after reading theistic-religious statement that encourage one's body acceptance. Hoverd *et al* (2005) also stated that people implicitly judge health related state by moral expression driven from Christianity, e.g. obesity evaluated as an immoral and can be linked to sin doing.

### 3.8 Conceptual Framework

In this final section, the aim is to link all the parts of literature review together in order to construct a clear conceptual picture or framework of the processes and dynamics underpinning how Sudanese women may develop their beauty concepts, values and attitudes in terms of body weight, skin lightening and decoration with black henna.

This framework includes objectification theory, socio-cultural and tripartite influence model and religion, psychological factors and socio-economic status.

Firstly, Objectification theory adopted by feminist perspectives often oppressive to women treating by women as sex objects, overshadows women's talents and competencies, and can lead gender inequality, this is associated with body dissatisfaction and low self-esteem (Forbes *et al* 2007). Objectification represents a collective approach to view how socio-cultural pressures are translated into psychological risk factors that can promote and maintain body image perception (Moradi and Huang 2008).

Feminism theory sees physical attractiveness is arbiter and forced upon women. These views do not explain the clear similarities in perception to body ideal through different cultures. Evolutional psychology has given a logical construct and biological origin for physical attractiveness. Playing a role of sexual selection in the origins of some standards of beauty gives biological cues to health and fertility (Sugiyama 2005).

Socio-cultural theory of tripartite influence model has proven to a valid model in how body image ideal influenced through parents, peer groups and media. In a country like Sudan it is useful to explore how social values generally transmitted through social structural units like families and peer groups. Also to explore how parents and peer groups influence individual perception of their body image perception. Moreover, to

explore how far the media plays an important role in shaping individuals' attitudes by conveying societal values and views.

Of equal importance, it is evident from the literature review and also the over-view of Sudan, that in order to understand women's position in Sudan and societal beliefs and attitudes towards women, one must understand some of the key factors shaping Sudanese society. The conceptual framework includes the two core dimensions. Firstly, it is important to consider the historical impact of Arabic culture and the negative effect of slavery on defining Sudanese social identity. Secondly, of equal importance, influence of religion and race (Chapter 2). These factors shape social values linked to skin colour, to women's roles and to the importance and value of beauty practices as henna skin decoration and deliberate weight gain.

Furthermore, it is important to note that these social factors include economic status and also political factors. Economic status of women in Sudan show there is a gender gap. The division of role where women are involved with domestic activities from marriage and child bearing has a negative impact on a woman's economic contribution. Hence their economic role is shaped through their role within the family which enhances her body value compared to her other qualities.

Political factors through the state and its policies maintain and promote specific social values and beliefs. As outlined in (chapter two) the current regime in Sudan imposes Islamic laws and public order law which has a negative effect on a woman's position and her public participation. It has banned activities of progressive women feminist organisations. It promotes and supports the female domestic role. This enhances levels of objectification and valued women's perception to their bodies compared to their performance.

Individual characteristics play a major role in conforming to social values. Lastly, another important element of the conceptual framework is psychological factors. Psychological factors such as self-esteem and stress interact with social processes of objectification and determine how much an individual develops self-objectification. Individuals adopt objectification values through internalisation to develop their objectified body consciousness. Consequently, women internalise the observer view of themselves and adopt acculturation of the self-objectification. Through self-objectification, women may tend to be identified with socially ascribed beautification to gain their social identity as Sudanese.

Influence of these factors together in a culture that objectifies women's bodies, women internalise the observer view of themselves and adopt acculturation of the self-objectification. Through self-objectification women may tend to identify with socially ascribed beautification to gain their social identity as Sudanese through their body. Ultimately, how women perceive their body weight and skin is a prime focus of this study and it depends on the level of internalisation of observer view on themselves, on body surveillance and appearance control beliefs.

### ***Conceptual framework Diagram***

This diagram shows how individual perceive and maintain body image ideal. The diagram is an attempt to draw a model to explain the dynamic and the interaction between these forces and their directions and outcomes. The diagram incorporates three forces cultural, psychological and socio-economic factors. These forces act directly or indirectly mediated through media to provide construct of body image ideal.

Cultural factors are collective behaviour attitude way of life which has been coloured in the case of Sudan by the Islamic religion and Arabic culture. Incorporated in this factor the historical development of Islamic and Arabic influence and how it evolves to its current situation. The political life and history of Sudan give account to social division of power and how the dominant class promote their culture and their values.

Social factors include the influence of the significant others like parent and peer groups. This group promotes social values to stabilise existing social hierarchy and social values. Individual tries to identify with social ideal to gain acceptance and the group exert pressure on individual to conform. Psychological factors such as stress, low self-esteem and fear from rejection play a significant role in body ideal perception.

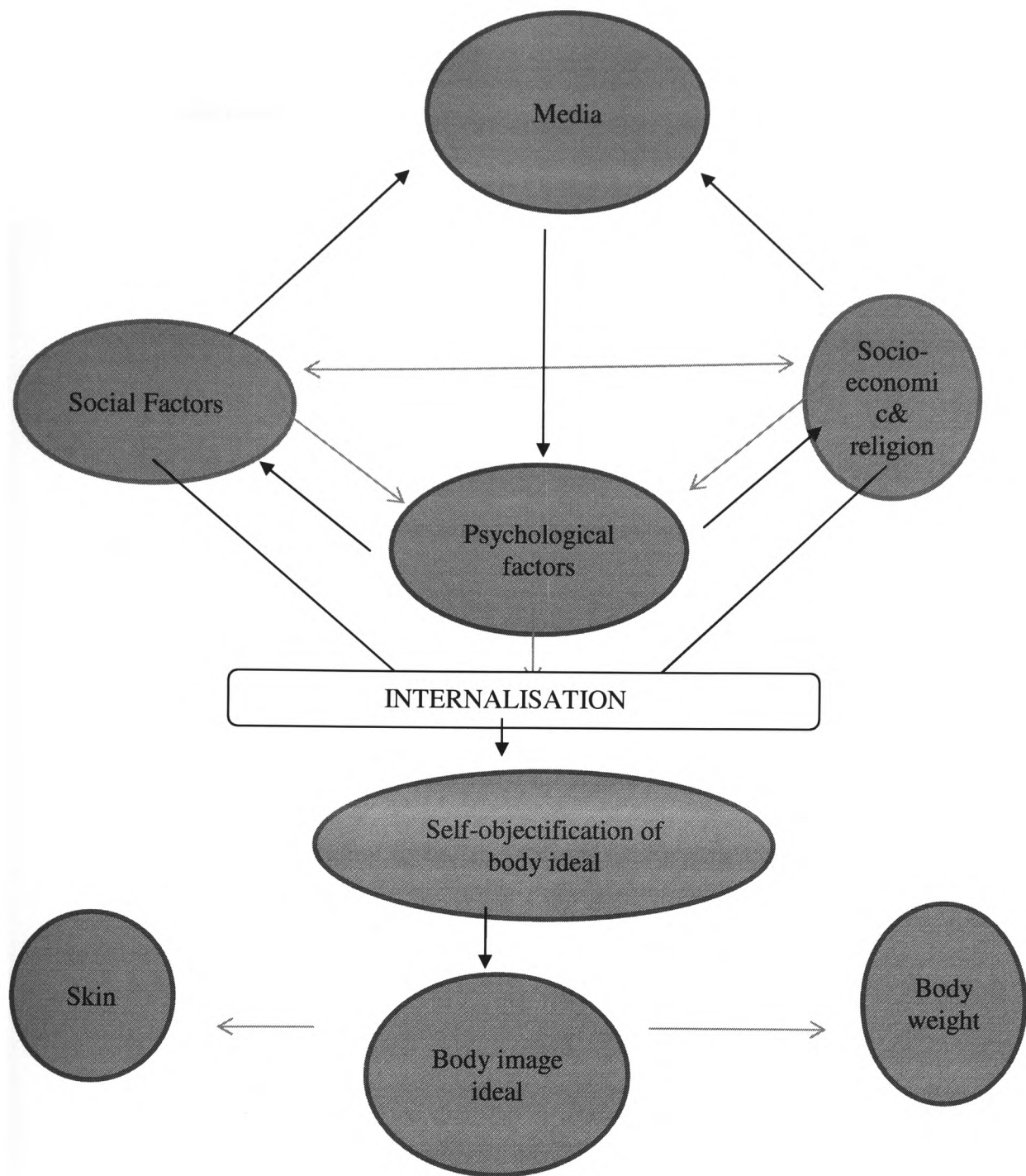
These factors either interact with individual directly or mediated through the media.

These pressures could lead individual to internalise these values and adopt them.

The internalisation of societal values looking for social identity could lead to the state of self-objectification.

These factors integrate together, with different variation and degree .The type of influence determine the nature and degree of self-objectification which shape how women perceive and respond to societal pressure. Of importance is the fact that this varies from individual to individual; women are not influenced equally by these factors, although they are confronted with these dominant societal expectations as linked to body image and expected beauty rituals.

The process of developing an objectified conscious could lead to continues surveillance and monitoring of individual characteristic in comparison to social ideal. This state is the driving force for individual to engage in beautification practices to achieve body ideal.



**Diagram 3: Conceptual framework**

## **Chapter 4 Methodology**

### **Introduction**

The aim of this chapter is to provide details of the study's method. The first section outlines the study design. The second section provides description of the study's sample. The third section discusses ethical considerations of the study. In the fourth section the study's site is described. Participants' recruitment is described in section five. In section six, data collection tools are described. Data management is discussed in section seven. Data analysis is discussed in section eight and in the final section, research rigor is outlined.

#### **4.1 Study Design**

A deep understanding of the participants' perceptions and experiences with regard to body image is the key aim to this study. It is apparent that qualitative approach is the most appropriate method to follow. Greenhalgh and Taylor (1997) state that, when the objectives of the research are to explore, interpret, or attain a deeper understanding of a certain social phenomena, qualitative methods were ideal ones to use. If, however, the research objectives were to achieve another aim (such as determining the incidence of a certain disease or testing a particular hypothesis), quantitative researches are most appropriate to apply. Quantitative research is distinct from qualitative in various aspects; philosophy, methodology, study design and the data collection instrument used to answer the research problem (Tuli 2010).

Qualitative methods allow for the study of social phenomena in their natural setting and in terms of the meanings people bring to social phenomena. In addition, as Hancock states (1998), qualitative research helps us to understand an individual's behaviour,



and the way people formulate their opinion and attitude and how events influence people. This makes sense of reality, describing and explaining the social world and developing explanatory models and theories which are attained by qualitative research designs (Kneale and Santy 1999).

There are a number of well-established qualitative research methods, including phenomenology, grounded theory, ethnography and thematic analysis. These approaches share similarities in data collection methods, but differ in the way each allows one to achieve and how the data gathered is organised and analysed. Phenomenological approach is known as the study of phenomena, which involves descriptions of people's experiences which is then used to create a picture of the phenomena (Curtise and Whitea 2005). This approach was not deemed suitable as the main aim was to be able to explore how university students developed their perception of their body and key factors that influenced their behaviour, with a preoccupation being to develop an evidence base to underpin future intervention and health promotion programmes. There was no prior conception about Sudanese female university students' attitudes towards their own bodies and it was difficult to predict whether they lived the experience of body objectification with regard to Black Henna skin decoration, induced body weight and skin lightening cream.

Grounded theory, although considered, was also not used in this thesis. Straus and Corbin (1998) argue that the goal for grounded theory is to generate rather than to test theory. Grounded theory provides researchers with analytic tools for handling masses of raw data and the analysis is conducted in ways that allow for an exploration of alternative meanings of phenomena in the development of the key concepts that are used to build the theory and mark out the processes of how certain phenomena develop

in real life (Straus and Corbin 1998). It was not my intention to explore all possible variables which contributed to the development of a theory.

Ethnography is geared toward study group cultures to understand a particular group's daily life, for example their beliefs, behaviour, trend to activities and meaning associated with these activities (Harris 1968; Thompson and Walker 1998). Its philosophy seeks meaning of a certain group's culture and the study can predict its group culture before exploring it in a proper study. The study's aim is to explore women's perception to the certain beauty practices within the Sudanese culture and the study sample could include participants who haven't experienced these beauty practices.

Thematic analysis is defined by Braun and Clarke (2006) as a process designed for identifying, analysing and reporting patterns in data. Key features of this approach as described by Braun and Clarke (2006): it is a flexible method which is easy to learn and conduct. Moreover, an accessible approach for researchers with limited experienced or inexperienced in conducting qualitative research and also generate themes that are accessible for general public education. Thematic analysis can identify similarities and differences across the data set. This enables not only social interpretation of the data but also psychological interpretation and assists informing development of policies. Thematic analysis, grounded theory and phenomenological approach all seek to find pattern across data. Grounded theory and phenomenological approach, however, are theory bounded.

In their article Braun and Clarke (2006) state that although thematic analysis is broadly used, qualitative analytic method within psychology has not been well defined or often seldom recognized. They continue to argue that this method proposed for qualitative data analysis is an obtainable and theoretically flexible style. Thematic analysis

requires some prior conceptual understanding to the analysis process. Boyatzis (1998) describes thematic analysis not as a precise method but as an instrument to use across diverse methods. Ryan and Bernard (2000) also determine thematic coding as a procedure achieved within major analytic traditions (such as grounded theory), rather than an exact method on its own. Braun and Clarke (2006) claim it should be considered an approach in its own right and regarded as a valuable, flexible and well-matched with both essentialist and constructionist paradigms within many disciplines including psychology. Its flexibility represents a valuable tool to rich and detailed interpretation of data. Some researchers impose criticism that flexibility can be too flexible to compromise the quality of the research. Antaki *et al* (2002 as cited by Braun and Clarke 2006) also regarded this reason behind this paper to develop clear guidelines to thematic analysis.

Thematic analysis as a flexible approach was taken in this thesis for several reasons. Firstly, it allows identifying patterns across the data to generate themes. Secondly, it highlights the differences and similarities across data. Thirdly, it provides accessible themes for educating public. Fourthly, as this is my first qualitative research, it suits an inexperienced researcher (Braun and Clarke 2006).

## **4.2 The Study Sample**

In qualitative research selection of study, participants can follow different sample strategies, including purposive, snowball or convenient sampling. Snowball sampling is usually used to recruit a population that is not having easy access to the researcher by other sampling techniques. For example, convenient sampling involves the selection of the most accessible individuals to be study respondents. In doing so there is a

compromise for the study's rigor and credibility (Marshall 1996). Purposive or purposeful sampling is a sample which deliberative manor non-randomly chosen to achieve a particular aim (Marshall 1996).

I chose university students who I believe were the right group to address the research question. Preselected criteria for this sample include females, aged 16 (university's age) to 25 years with a range of diverse religious beliefs. Diversity of the sample demographic characteristics aims to avoid the researcher bias.

Furthermore, these students were relatively easy to contact in their institutions for interviews compared to other women from the general population. Since in Sudan there is lack of an appropriate system of home address to enable the reach of some women who are housewives. The data was collected from 19 female participants (age range from 16 to 25 years old). This age group represented a young generation with a high level of education, able to participate and who were able to express themselves openly in the study.

### **4.3 Ethical considerations**

The issue of consent and confidentiality are the key ethical considerations in this study. They are important for ensuring all study participants are fairly treated and perceive their rights during the research process. All explanations of the study's aims and objectives and interviews were carried out in Arabic languages by the researcher. (As the Sudan is the researcher's country of origin, this assisted the researcher in acquiring similar cultural background and language as the study's participants). These issues were given careful consideration since there was no ethical committee. In these universities, ethical approval was requested by asking the dean or their representative

in each university, each participant was given full details about the study and their right to withdraw at any stage of the study was ensured. Oral consent was obtained from all participants. To safeguard confidentiality, pseudonyms were used instead of real names on the tape and in the transcription to protect their identities (Orb *et al* 2001). This study was approved by the Faculty's Research Ethics Board prior to the start of data collection.

#### **4.4 Study sites**

This study was conducted in four universities in Khartoum in the Sudan. For the sake of gaining opinions from a variety of academic backgrounds the participants were students from different Faculties. Two of these four chosen universities were private and the other two public to ensure that the sample included a range of socioeconomic participants.

#### **4.5 Participants recruitment**

The process of recruiting participants was started by visiting the identified four universities to explain the study's aims and objectives to administrating staff. Following receipt of permission to make contact with the students, I was allowed to meet a number of students on the university premises. I explained to them thoroughly the study's aims and objectives. I registered details of those who were willing to take part in the study. Additional arrangements and offers for further clarification of the project through telephone calls or meetings were made. Appointments for the interview were booked for those who agreed to participate. Twenty five women agreed to take part; nineteen actually took part.

## **4.6 Data Collection tools**

Core methods of data collection in qualitative research are individual interviews, focus groups and observation. Interviews can be structured, semi-structured and unstructured. An unstructured interview is characterised by having very little structure, according to the respondent's previous response, the interviewer to frame the following question. The key aim of the researcher was to conduct an in-depth interview to limited topics as few as one or two to cover an extensive amount of details (Punch 1998).

A structured interview is the simplest form of interview which involves seeking each interviewee to answer the same predetermined questions about a chosen topic and in the same order. Structured interview is commonly utilised in survey and as a tool minimized the effect of instrument and the researcher (Fontana and Frey 2005).

A semi-structured interview includes a series of open ended questions covering the research subject. Open ended questions provide opportunities for extracting detailed information in relation to respondent's behaviour, perception and opinion freely. It also encourages probing and elaboration of the interviewer to further the discussion about the topic. The interview provides a relaxed environment and is informal between the researcher and respondent and interview schedule is to be developed (Patton 1990). Consequently, the data collection tool used in this study was a semi structured interview, together with a short demographic questionnaire.

The data was collected through face to face, semi-structured interview (Patton 1990) in the Arabic language, the participants' first language. The demographic questionnaire allowed for the collection of age, university, faculty and address.

The interview schedule included questions that directed the researcher during the interview to ensure it was addressing all issues related to the study. Participants were

encouraged to express themselves openly and freely by the use of open-ended questions. Open-ended questions were helpful in understanding knowledge, experience and feeling of interviewees during the interviews. The benefits of the use of interview schedule showed that there was some structure to the interviews and some direction without losing the flexibility (Rubin and Babbie 2001). Furthermore, some structure facilitates the researcher's task of shaping and analysing interview data. Also it can help the reader of this study to judge the study quality (Rubin and Babbie 2001).

The data of this study was collected through semi-structured interviews as the researcher intended to explore the topic of Sudanese female's university student's body image perception. A detailed response from each respondent was obtained as each one represents certain criteria and fulfils a specific category which would not be acquired through focus groups. Focus groups strategies can represent groups or subgroup opinion in the topic. Besides by the nature of the study, questions are not compatible with observation method. Prior planning to interviews is involved in the interview schedules which are used to guide the progress of the interviews seeking to cover all topic areas of interest. Open ended questions allowed interviewees to express themselves spontaneously, in an informal style which further allows the researcher to probe to elaborate to understand more detail about the questions of the study (Patton 2002).

Two semi-structured interviews were conducted as a piloted study, with two Sudanese women. The choice of piloted respondents followed enquiries about young Sudanese women who were known to have been using skin lightening products and who induced weight gain. Lessons learnt from the piloting were that respondents enjoyed the interview's flexible style, which increased my confidence in conducting the actual study interviews. The actual interview schedule includes ten key questions and each

key question is covered by a number of questions. The themes covered in the interview schedule were; concept of women's beauty, healthy lifestyle, diet, body weight, exercise, skin lightening practice, black henna practice, self-esteem, awareness of health risk behaviours and pathway for change. The interview schedule is included in the appendix.

#### **4.7 Data collection**

The location where the interview took place was determined by the participants as all participants were in favour of being interviewed at their universities. Each university offered the researcher a quiet office for conducting the interviews. With the participants' permission, interviews were tape-recorded. The interviews ranged from 1 hour to 1½ hours. All interviews were conducted entirely by the researcher. The maximum numbers of interviews were two per day. I noted that after the fifteen interviews, further sampling became redundant. To ensure that diverse information had not been missed, I carried out a further four interviews. In total, I conducted 19 interviews and I was satisfied that a rich diverse description of the phenomena had been achieved. Following data transcription, data translation from Arabic to English took place.

#### **4.8 Data management**

Nvivo 9 is software used for qualitative research data analysis. I utilised the software in this study to achieve systematic data management. However, Nvivo9 is only a tool that is efficient in organizing the material and is not in itself an interpretive device (Clarke 2011). Initially the researcher attended online tutorials to learn about its use. Following this, I transferred all 19 transcribed and translated in English interviews



seeking to store them and to be ready for analysis. Nvivo9 assisted me to link documents and ideas together, helping me come up with the initials codes and sub codes. Nvivo 9's ability to access all codes and sub codes easily and link each code with the original respondent, aided me in refining the codes by allowing me to go back and forward, to further stages of themes development. Managing the data in this simple way helped me extract preliminary themes and then link them to create complex themes that represented the study's findings. This procedure conducted thorough analysis processes to ensure whole data coverage justified the finding.

#### **4.9 Data analysis**

The systematic process of handling the data to provide an understanding of the participants' experiences achieved through thematic analysis. Boyatzis (1998) describes thematic analysis as a tool for qualitative research for its frequent usage in different forms of qualitative research.

Braun and Clarke (2006) have developed six phases as a guidance to perform thematic analysis. Drawing on their work, in this study the following phases of analysis were undertaken. Firstly, reading and re-reading the data to reach a good familiarisation with the data which assisted in the process of extracting initial ideas such as "beauty perception differs according to the point of time, or can be physical beauty / morally beautiful or both together." Having extracted the initial ideas, for the second stage I started systematic coding across the data and organised relevant data to individual code together. Completion of identifying the relevant codes, the researcher then reached the third phase, which included organising the codes together to develop complex themes such as "health versus beauty". During the fourth phase I read through the generated

themes and checked them against the codes aiming to develop a thematic map to clarify analysis direction by understanding the data patterns and relationships. For the last two phases, the researcher was involved in continuing the analysis and refining the themes and finalising the written format.

In this study thematic analysis encompasses identifying, analysing and reporting repeated pattern from the data. A group of linked categories that deliver similar meanings creates themes which are extracted from data reflecting study participants' experiences and perceptions of beauty practices embedded in Sudanese culture. Throughout the thematic analysis the researcher paid special attention to recognise and interpret the social context (Sudanese women) within which the participants' experiences and thoughts are rooted. The researcher also drew upon theories and concepts that linked to body image, self-objectification and tripartite influence model seeking to understand and interpret the data.

#### **4.10 Issues of rigour**

Seeking to ensure research rigour, researchers should follow a basic strategy of systemic and self-conscious study design, data gathering, analysis and reporting the findings (Mays and Pope 1995). Malterud (2001) explained reflexivity as an attitude of approaching analytically to the context of knowledge construction at every stage of the research process. In this study pursuing to preserve reflexivity, preconceptions that hold by the researcher about the study has been identified (Miller 1992). Thus to enhance the research quality outcome, the researcher accounted for reflexivity by recognising in advance her feminism beliefs, opinions in women were socially judged

by her appearance and put a great effort to distance them from affecting this study throughout its phases.

Secondly, participants were recruited on the basis of certain criteria of purposive sampling which included being university students and aged 16 to 25 years old. The aim of a wide age range is to enable the researcher to explore experiences of women body objectification to all university grades (new students coming from different school backgrounds and middle and final grades who typify university culture) thus avoiding recruiting certain grades from certain universities who would be known to hold particular views or philosophy. Thirdly, during the conducting of interviews, open ended questions (such as what does make a Sudanese woman beautiful?) allowed participants to express their views freely and not be judged by me as researcher, enabling me to remain neutral and look to explore, probe and elaborate the question (Gilgun 2010).

Lincoln and Guba (1985) argue that thick and rich data description aids the reader to determine the level of transferability of the data to other setting. Prior to conducting interviews, the interview schedule was piloted to ensure the richness of the data. Interviewing 19 articulated students for an hour or hour-and-a-half of time duration, exposed to two diverse cultures (Western and non-Western) of ideal body image, provided them with the opportunity to express in richness and depth. They were able to explore and describe their views, concerns, dreams and experience in conceptualising body objectification rituals practiced by Sudanese to reach predefined femininity. Thirdly, the data analysis process was explicitly and implicitly carried out with the aid of the Nvivo9 software. All analysis process details; data management, coding of initial themes and developing them to complex themes that shaped the study conclusions were recorded. Clont (1992) and Seale (1999) argue that dependability of

the findings means stability and consistency over time. By verifying raw data, process of data reduction and data processing, consistency of the data can be achieved. Tape-recorded interviews were transcribed twice, firstly by the researcher and by the independent professional interpreter, to compare the two together seeking illumination of any wrong transcription of the interviews. In doing so, the researcher detected a few conflicting and unclear statements and then revisited one of the universities to verify these confusions with the respondents.

#### **4.11 Limitations of the study**

One of the study limitations is that the interviews were conducted in the participants' first language (Arabic), during the translation process of these interviews into English language; quotations have been altered only to enhance understanding of the key points being made. This means that analysis has been inevitably conservative, using a thematic rather than a discourse analysis and hence some of the richness of the data may have been lost. Another study limitation is the study has not focused on the numerical prevalence of health risk perceptions associated with the study's focus of the beauty practices (induced weight gain, skin lightening and decoration). Also this study has not examined other social classes as study's participants represent one social class only.

The sample size is small and only includes educated women, therefore may not represent all women in Sudan who are less educated, illiterate or other ethnic groups.

The nature of the study would not allow the use of scale measure that predicts many consequences of self-objectification including body shame, anxiety, eating disorders, depression, and sexual dysfunction empirically studied in the context of Sudan.

Furthermore, the limited scientific literature of Sudan on issues related to the beauty

practices of interest enforced the use of only similar literature that examines different cultures.

## Chapter 5 Findings

Chapter five presents the findings of the study. In order to put the findings into context, an overview of the participants is provided in section one. The second section presents the final themes arising from the analysis. The themes are presented separately and are framed by the questions from which they emerged. The themes are supported by verbatim quotations from the participants.

### 5.1 The Participants

**Table 1 Socio- demographic data of the participants**

<b>Age range</b>	<b>Type of university</b>	<b>location</b>	<b>religion</b>
<b>16-18 y</b>	<b>3/Private</b>	<b>6/urban</b>	<b>7/Muslim</b>
	<b>4/public</b>	<b>1/rural</b>	<b>0/Christian</b>
<b>19-21 y</b>	<b>1/private</b>	<b>3/urban</b>	<b>4/Muslim</b>
	<b>4/public</b>	<b>2/rural</b>	<b>1/Christian</b>
<b>22-25 y</b>	<b>2/private</b>	<b>6/urban</b>	<b>5/Muslim</b>
	<b>5/public</b>	<b>1/rural</b>	<b>2/Christian</b>

The study findings were based on nineteen semi-structured interviews which were conducted with female university students from different universities across Khartoum, the capital of Sudan. The participants represent two key religious groups: Muslim and

Christians, although the overwhelming number of participants was Muslim. . In terms of location, the participants vary in location of living originally between urban and rural, yet they all live in Khartoum because they study in the universities located there. In terms of socio-economic background, all participants could fall in the range of middle class Sudanese since no evidence from the literature to prove this classification. This class evaluation is based solely on the students' affordability of university (regardless of whether it is a private or a public university, there is a required certain level of financial ability needed). According to universities administration personnel that system of scholarship does not exist in Sudan.

## **5.2 The Findings**

This chapter details the study findings. Theme development started with familiarisation with the data to enable the process of initial code extracting. A systematic coding across the data was followed by the organisations of the relevant codes together, from which the final six, overarching themes emerged.

The findings associated with demographic data do not represent difference between Muslim and Christian participants regarding attitude towards beauty practices subject of this study. Muslim and Christian respondents' views in terms of Sudanese ideal social standard of beauty as indicated in their quotes do not indicate any variations linked to their different beliefs. However, the number of Christian participants was three, relatively less than Muslims participants who are sixteen. Therefore, the similarity in beauty practices perception between the two groups could be influenced by the small of the Christian participants. In another words, more Christian participants could have different perception and behaviours.

In terms of location, the participants vary in location of living originally between urban and rural, yet they all live in Khartoum because they study in the universities located there. Thus rural students' ideal beauty perception may be influenced by urban culture at the time of the interviews. Those participants' views in relation to body weight in women in cities have more preference to slim figure than women in rural areas.

The main findings which generated from the present study's interviews are related to the following overarching themes, detailed in Table 2 below: (1) 'historical perspectives of beauty', (2) 'modern day notions of beauty' (3) 'perceptions of beauty practices' and (4) 'beauty rituals in practice', (5) 'sources of influence', and (6) 'health beliefs, perceptions of risk and behavioural outcomes'. The findings are presented in narrative form. Extracts from the interview data have been included as part of the findings; in some cases the text has been edited to enhance understanding.



**Table 2: The Themes**

<b>Theme 1: Historical perspective of beauty</b>		
Description: traditional beauty rituals and practices; beauty ideals as dynamic and varied	Study Aims Met: Perceptions of body ideation	
<b>Theme 2: Modern day notions of beauty</b>		
Description: changing notions of beauty; social value of beauty	Study Aims Met: Perceptions of body ideation	
<b>Theme 3: Perceptions of their beauty practices</b>		
Intended outcomes: Sexuality, Health, Employment, Beauty, Mood lifting, status.	Study Aims Met: Views on body weight, regular exercise and a balanced diet. skin lightening and Black Henna Attitudes and feelings associated with beauty practices	
<b>Theme 4: Beauty rituals in practice</b>		
Actual outcomes: weight gain via sedentary lifestyle, high calories diet and chemical	Study Aims Met: Body and self-image Beauty practices and rituals.	

substances.  Skin Lightening via tradition method and chemical substances.  Black Henna application through which contains PPD dye.		
<b>Theme 5: Sources of influence</b>		
Description: personal goals  social pressure( society, family, friends and media)	Study Aims Met:  Identification of factors that involved in shaping body image perception	
<b>Themes 6: Health beliefs, perception of risk and behavioural outcomes</b>		
Description: Conflict  between knowledge, awareness and desirable behaviour	Study Aims Met:  Identification of all three beauty ritual	

All the study's themes are linked to a conceptual framework which includes objectification theory, tripartite model of influence, physical attractiveness and beauty, ideal body image and factors influencing beauty practices in question.

### 5.2.1 Theme 1: Historical perspective of beauty

Sudanese culture is in harmony and consistent with other cultures in terms of there being a dynamic and varied notion of the ideal body image concept. In this study, notions of the ideal body and physical attractiveness have been used interchangeably by the respondents. According to the study's respondents, the concept of physical attractiveness is perceived differently by individuals depending on a wide range of variables and factors. In response to general questions on the dominant perceptions of beauty in Sudan, many of the respondents noted the partial changing nature of what is considered beautiful and acceptable in Sudanese society. Some felt that notions of physical attractiveness had changed since the disappearance of some of the more traditional beauty practices and rituals. Traditionally, women with cheek scarification ('shilokh') (Salazar 2005) and lip tattoos ('Dag Al Shalofa') (Salazar 2005) were considered the most appreciated features of physical attractiveness. These features were also associated with important social values as they reflected the tribe identity as each tribe used to have distinctive pattern of cheeks scarification. However, other quality of beauty remind unchanged such as being fat. In addition, for some respondents there was, in the past, an emphasis on a range of features. As the following respondents stated:

*"In the past, a big chest, elegant waist, big buttocks, hair, features of the face, drawing lips (Dag Shalofa) to make its colour attractive, and shilokh, were all considered as measures of beauty."* (Rabab, 18 years, Muslim)

Moreover, there was a simplicity underpinning how best to achieve the desired look and shape. This Simple description of women's beauty in the past is expressed by the following statement:

*“In the past women used to just wash and make their hair by themselves and put some homemade oil on their skin.”* (Nada, 20 years, Muslim)

Moreover, it was felt by many of the respondents that in the past it was enough for a woman to be seen as beautiful if she was fat, as stated by one respondent,

*“In the past people considered obese and fat girls as beautiful.”*(Ishraga, 24 years, Muslim).

The study revealed that another important factor that shaped notions of physical attractiveness in Sudan is geographical location. There was a different attitude to physical attractiveness in urban areas and rural areas. In urban slim women seem to be regarded as attractive. Whereas, in rural areas plump women are preferred. As one respondent stated,

*“Well in Sudan, the concept of physical attractiveness differs according to which place you are in, For example, in the capital city of Khartoum, people prefer women to be slim and graceful, but in the rural areas of Sudan, they believe that fat women are beautiful and they fatten them up before the wedding.”* (Iman, 22 years, Muslim)

### **5.2.2 Theme Two: Modern day notions of beauty**

In response to questions on modern day notions of beauty which does not include cheek scarification ('shilokh') and lip tattoos ('Dag Al Shalofa') were considered features of physical attractiveness. Most of the respondents were aware that having light skin and full figured body weight were very important and that it was extremely vital for married women to decorate their bodies with Black Henna. As one respondent explained,

*“The society sees a woman with a full-figured body as more beautiful than a thin one. A woman who has light skin, long hair and blue eyes and, of course, Black Henna is very important for a married Sudanese woman.”* (Amal, 16 years, Christian)

The majority of respondents felt that in Sudanese society, there is a great emphasis on physical attractiveness, with little regard for non-physical and personality woman’s education, mental capacities and strengths; as the following respondents pointed out:

*“People don’t care about your personality or your intelligence as much as they care about your looks.”* (Insaf, 23 years, Muslim)

Personality features can influence the observer’s perception of women’s physical attractiveness; that is what the following respondent thinks:

*“I think the most important thing is personality. If a girl has a nice personality this will make her look good even if she doesn’t have beautiful features. On the other hand, a girl with beautiful features and a horrible personality will be seen as ugly, so it is all about personality.”* (Amal, 16 years, Christian)

The response to this ideal varied. Some of the respondents believed that a combination of both physical attractiveness and moral values were essential for women to be viewed as beautiful. As one respondent explained,

*“Really the personality and the way she treats others is more important than the physical beauty. Specifically when I am talking about physical beauty, I find a figure that has fat equally distributed around the body as beautiful to me.”* (Amal, 16 years, Christian)

For others, it remained important to conform to these standards, for they reaped rewards that were of value, as one respondent explained,

*“When people are impressed with her lighter colour, regardless of what she has used, and they like it, this makes her happy.”* (Salwa, 19years, Muslim)

Ideal body image in Sudanese social context includes gaining weight which has other social meaning. The following respondents revealed,

*“At times there are pressures from society as you must eat and drink to please people, but I bounce back again by telling myself that this is how I want to look. My parents also put pressure on me, always commenting on my weight and why I look so thin. They think that being thin is a stigma as people might think that the family cannot afford to buy food. They do not understand the rationale behind being normal in weight.”* (Reem, 19 years, Muslim)

Mothers enforce internalization of the social beauty ideals although some daughters seem uncomfortable with these concepts but unable to reject them openly; as stated by the respondent below:

*“Honestly, I have no desire to increase my weight but my mother keeps asking me to put on weight. She thinks that thin people are vulnerable and more prone to disease than fat people.”* (Niddal, 16 years, Muslim)

### 5.2.3 Theme Three: Perceptions of beauty practices

The respondents have very clear views on their beauty practices. With regard to weight, most of the participants used the expression ‘full figured’, ‘not too fat, not too thin’, or ‘medium sized’ to refer to the female ideal body weight in Sudanese society.

Firstly, as one respondent reported, such a figure made one’s clothes fit better and the clothes appear more attractive,

*“A woman who is full-figured attracts attention more than slim women. Clothes look nice on full- figured women, nicer than they do on slim women and people will comment about her look in a positive way.”* (Rabab, 18 years, Muslim)

Another respondent identified a full-figured body as being sexually attractive, enhancing sexual gravitation, as she stated,

*“Society prefers a girl with a big chest and very big buttocks; they think that it will be useful for certain purposes...etc.”* (Nafisa, 20 years, Muslim)

With regard to skin lightening, the majority of respondents in their interviews stated that women who have a lighter skin colour are perceived as the most privileged in terms of attractiveness and beauty by Sudanese society. A strong theme to emerge from the interview data was the perception that light skin colour was a powerful component of beauty that creates and magnifies other features, while dark skin diminishes or erases any other existing beautiful features of beauty.

*“Well, the prime concern for the Sudanese when it comes to beauty is skin colour. They don’t just admire the light skin colour they adore it. It influences their overall view about beauty. A good-looking girl with dark skin would be considered ugly. On*

*the contrary, an ordinary girl with an average amount of beauty but with a light colour will be considered beautiful.” (Sarah, 25 years, Christian)*

*“The white colour is an essential factor in beauty for women according to society. Not only does it make women look prettier, it also helps in covering and distracting attention away from any ugliness or defects.” (Nafisa, 20 years, Muslim)*

Skin lightening practices also serve and facilitate finding a job, as expressed by one respondent,

*“One of the reasons for the use of skin lightening creams is when women are seeking employment. There are jobs that only employ white women who are beautiful, so women go and start using lightening creams to be employed.” (Suhha, 18 years, Muslim)*

There was a common view regarding Henna, including black henna dye. If it is possible to consider behaviour as universally accepted, then the importance and use of Black Henna dye would be one. All the participants perceived its application as being unique and beautiful and an important symbol, not only of Sudanese society, but as a key symbol of a married Sudanese woman’s identity. As one respondent explained,

*“Henna is a very beautiful thing, particularly for us Sudanese. It differentiates us from other nations, and also differentiates between the married woman and the single one.” (Salwa, 19 years, Muslim)*

In addition, henna is perceived to be a remedy that lifts a woman’s mood and makes her feel happier.



*“I like the look of henna though I dislike the smell of it. I did it in the past, though I know it is only for married woman and I was single, but it made me feel happy looking all day at my hands.”*(Niddal, 16years, Muslim)

#### **5.2.4 Theme Four: Beauty rituals in practice**

The interviewees were asked a number of questions linked to their current beauty practices. This section will explore each of the practices in order, starting with fattening or purposely induced weight gain.

According to the most of respondents, a range of methods were used to gain weight such as taking tablets, injections (including insulin), herbal tablets. However, these methods are under researched and the participants were not aware of their scientific names and mechanism of their action or interaction on their body. For some of the respondents, their main methods were maintaining a very sedentary lifestyle and consumption of high calorie diets. Although these methods were often used in combination depending on how fast the weight had to be gained or to what extent the woman believed she would reach her desired goal. The success of one method boosted others to also adopt it. As one respondent, in detailing her planned activity, explained,

*“I try to have enough rest at home and eat the fatty foods which activate the glands and I am planning to take fruits' tablets which my aunt got from the pharmacy following doctor's advice. Three months after taking these tablets, she put on 14 kilograms, so I will try these tables to avoid the negative comments of my friends regarding being slim. I am hoping to gain 15 kilograms and to be fat and beautiful like my aunt. Before she gained these 14 kilograms people used to call her toothbrush, electricity pillar and useless.”* (Rabab, 18 years, Muslim)

With this came a reluctance to retry taking tablets following a friend advice not to have them because of their a health risk association, as another respondent stated her experience at gaining weight,

*“I gained 16 kilos after I started using special types of tablets called ‘Planets’ and a traditional fattening diet which was dates, bread, yeast and sugar blended in to a drink and I drank it every day with the tablets for two months, so I gained weight. I felt that I really need to put on weight, but I am really frightened about using these tablets again especially because they could cause infertility, this was what my friends told me.”*  
(Iman, 22 years, Muslim)

The ingesting of tablets was, however, fairly common and was seen as an easy way to gain weight, as the following respondents stated,

*“I have a friend who used to be very thin but I was surprised when I first saw her at the beginning of the new term, she had become very fat and she said it was because of a type of pill called Alnagma (the Star).”* (Nigood, 20 years, Muslim)

According to one respondent; gaining weight should be through tablets as it is the most effective method.

*“There is nothing to increase weight other than tablets.”* (Reem, 19 years, Muslim)

Some of the respondents also talked about the steps taken to fatten specific parts of a woman’s body, as one respondent stated,

*“So many people use such things to increase their weight. For instance, some brides inject themselves with insulin in their legs to make their legs swollen so it seems they have big legs to impress the people at the wedding.”* (Zahara, 20 years, Muslim)

Healthy diet is for people, who need to lose weight as expressed by this respondent,

*“I don’t eat a healthy diet because I am normally thin.”* (Salwa, 19years, Muslim)

Almost all the respondents perceived the applying of black henna as important and as a symbol of Sudanese society and the institution of marriage, as one respondent reflected,

*“Because it becomes as a habit, I didn’t see a girl or bride draw henna without dye.”*  
(Samar, 22 years, Muslim).

*“I love it, especially on my feet. Only married women have it on their feet so I cover it with my socks so people do not think that I am married. It makes you feel good. When women are depressed, henna helps to lift their mood, it also beautifully decorates the body.”* (Reem, 19 years, Muslim)

Despite some respondents indicating a reluctance to apply henna regularly, in the study there was a general agreement that black henna is essential to be applied on one’s wedding day at the very least.

*“I might decorate my skin with Black Henna only once for my wedding day. The bride needs to have her henna quite black and shiny, so I intend to use it for the wedding day and the initial period after the wedding, but later I will use the natural henna.”*  
(Nassrin, 21 years, Muslim)

The last practice described by the women was that of skin lightening. Various methods are used by respondents to possess a lighter skin colour. “Dokhan” smoke bath is considered to be a healthy traditional method of lightening the skin, using distinctive wood with distinctive scents. It is mainly used by married women. Single women are

not allowed to use it and there would be strong social disapproval if they did, for it is known as a code of silent language from women to express their desire and readiness for sex.

*“Dokhan (smoke bath) lightens skin colour, makes skin firm and shiny without recourse to creams, and strangely I find women who use Dokhan for the first time have a yellowish skin colour but it gives regular users a nice golden tan colour.”* (Zahara, 20 years, Muslim)

However, products in the form of creams are the most commonly applied to the body, with other common skin lightening methods being soaps and tablets. Some used a combination of these, also buying unknown mixtures of a number of products that had been blended together by shopkeepers. From the interview data, a number of recollections of practices of the respondents, or those of their friends, highlight this point,

*“To be honest with you, basically I used every type of cream that I’ve heard of in the last three years. I began with a cream called Diana. Later I used another one called Aslavin Rose and I ended up using Roage, Kila and Borg.”* (Dalal, 25 years, Muslim)

*“I saw a girl who used it become very white like “Alhoor Aleen” although her colour was dark, but she can’t walk out in the sun.”* (Insaf, 23 years, Muslim)

*“There are these tubes; people use these creams all the time. There is a well-known cream called “Bay Clare”, you may have heard of it. Some users are admitted to hospital.”* (Ishraga, 24years, Muslim)

The process is not only to attain a skin colour but, similarly, to avoid tanning or the skin becoming darker. The fear of becoming dark in skin colour is influential in

persuading women to avoid the sun as much as possible, cover all of their body and use creams and powder.

*“The powder I use helps in protection from the sun light not to make my skin become darker in colour.”*(Nigood, 20 years, Muslim)

The extent of the use of these methods varies according to cost and to previous experience with other products. The use of mild skin lightening creams sometimes indicates a degree of awareness of health risk.

*“I use just normal soap. Also I do use fair & lovely, a mild cream to protect my skin.”*  
(Amanda, 19 years, Christian)

Complex techniques involve a great deal of financial implications.

*“Skin peeling is done in hospitals; they basically peel a layer of your skin so that it reveals a lighter layer. It’s dangerous of course because of rays and stuff, and its done abroad.”* (Samar, 22years, Muslim)

The most commonly used are the ones with higher health risk which might require serious medical treatment. These generally are the cheapest, most widely available and accessible.

*“There are these tubes; people use these creams all the time. There is a well-known cream called “Bay Clare”, you may have heard of it. Some users are admitted to hospital.”* (Ishraga, 24years, muslim)

As stated above, some participants use a mixture of a number of creams made by shopkeepers and thus comprised of a combination of unidentified creams with unknown adverse effects. As one respondent recounted,

*“What I use for my face, I really don’t know its name or its component, I just went to the boutique shop and the owner mixed a number of creams and gave it to me in a bottle.”* (Dalal, 25 years, Muslim)

For every participant, the wedding day is an extremely vital event in their lives and a time when those using creams would combine them to maximize the effect. As one respondent explained,

*“Before my wedding my family got a mixture of three lightening creams Rose, Diana and Oxid and they applied it on my face to make it lighter.”* (Sarah, 25years, Christian)

Wedding rituals commence prior to the wedding day, the longer movement is constrained, and the more can be practiced and achieved in terms of beauty.

*“During the wedding preparation period, I didn’t go to university and stayed at home to apply creams, to gain weight and not to be exposed to the sunlight.”* (Ishrag, 24years, Muslim)

It is important to note that not all the respondents used skin lightening products. As one reported,

*“Never in my life have I used such things because I don’t believe in what the shopkeeper says because he mixes loads of creams together and this mixture causes cancer.”* (Nafisa, 20 years, Muslim)

Others discontinued usage of these products once they realised the hazardous health consequences, or experienced some undesirable effects themselves. As two respondents explained,

*“I used to use Diana because my skin type is oily and I have Acne so Diana was good for this but I heard Diane causes kidney failure, so I stopped using it.”* (Sarah, 25years, Christian)

*“My skin just became weird; it was really transparent I could see all of my blood vessels especially on my thigh. So I became worried and I stopped using that product I was using at that time.”* (Iman, 22years, Muslim)

However, for some it remained an important practice, as one respondent stated,

*“I am not satisfied with my skin colour; I want it to be lighter. So I am looking for a more potent cream.”* (Dalal, 25years, Muslim)

#### **5.2.5 Theme five: Sources of influence.**

All the respondents were asked questions on their views in relation to the ideal body image, of how others may think of them, who or what would influence them to change aspects of their practices and the impact on them by wider societal influences. Social acceptance and fear of social rejection or stereotyping can lead women to conform to societal expectations. In one case, a respondent loves sports and is a professional player and enjoys the sport she plays. However, she is prepared to give up her sport - firstly, because the social norm does not approve and; secondly, because of her need to fulfil her new role as a married woman and to be seen as a respectable woman. She was identified by the social concept towards women and physical exercise as a form of disrespected behaviour according to the Sudanese society. She would prefer to live the painful experience of giving up her hobby for not meeting society's approval than to continue with it and be socially alienated, as the following accounts reveals.

*“Since primary school my favourite hobby is volleyball. Now I consider myself as a professional player, I have been chosen many times to play for different teams. But, according to the view of our community and my family, as a girl I can't play any longer. Due to marriage after graduation from university, according to our community principles it is shameful for a woman to play anywhere and anytime, you understand. Married or unmarried it makes no difference, it is considered to be an inappropriate attitude and is not acceptable anyway. They find it very shameful and not suitable for a respectable married woman with children. Unfortunately, I have to stop unless we travel abroad. It is painful to quit but as I am in my last days in the university, I will play hard to score a good result for my team and award the cup for our team.”*  
(Ishraga, 24 years, Muslim )

*“I feel quite happy because I used to hear people telling me the clothes I wear don't fit me elegantly and rudely I have been told not to wear such clothes until I've put on weight. I always felt upset and I used to go and change my clothes'.”* (Iman, 22 years, Muslim)

The respondents cited the complimentary remarks received on the levels of social acceptability they achieved and also the negative perceptions people shared regarding thin women.

*“I feel quite happy because I used to hear people telling me the clothes I wear don't fit me elegantly and rudely I have been told not to wear such clothes until I've put on weight. I always felt upset and I used to go and change my clothes... ..All the girls liked it and had asked me what I had done and how I did it because they wanted to do it for themselves. I think I became more acknowledged. Boys who used to ignore me*



*started to notice me in a good way and they told me that I had become stronger also because I gained weight.” (Iman, 22years, Muslim)*

*“Very thin girls you see them, either are tired, ill or unhappy. They just admire fat girls.” (Nada, 20 years, Muslim)*

Secondly, mothers played an important role in shaping the respondents’ beliefs and attitudes. As one respondent explained,

*“Honestly, I have no desire to increase my weight but my mother keeps asking me to put on weight. She thinks that thin people are vulnerable and more prone to disease than fat people.” (Niddal, 16 years, Muslim)*

For another, it was a case of losing weight and the resulting pressure from close and extended family members,

*“In the case of weight, I was annoyed because I had lost weight. My relatives did not love thin girls and they see that I am really thin. All of them kept asking me why do you do so and they asked my mother why your daughter is thin.” (Nassrin, 21 years, Muslim)*

For other respondents, they are keen to look a certain way and feel happy about their desires and their beauty practices, as the following respondents explained,

*“Just to gain weight for myself is not for anything else. Some people just copy the behaviour of others, some girls they try to please their fiancée or husband, so they adopt any way to gain weight. Some are not happy with the way they look so they gain weight.” (Amanda, 19 years, Christian)*

*"It is my wish to gain weight as I think I am too thin and I want to gain weight to look better in the wedding gown."* (Nafisa, 20 years, Muslim)

Most of the respondents expressed their main purpose of pursuing beauty as being to attract the opposite sex and, ultimately, to find the dream husband.

*"How would you feel if you witnessed all of your friends getting married one after another and you are the only one left? It is annoying. You start to think of a way to get the man you love to make a move, come over to your house and meet your parents."* (Samar, 22 years, Muslim)

There is also pressure from friends and family to look beautiful to get a husband.

*"Definitely it is an important factor and I can say it is the most important one. When you sit with your family or friends you will find men always commenting about female beauty they always focus on skin colour and presence of acne & spots or not. So when women go to a party or gathering they make sure that their skin is clear and clean and spotless. To look beautiful and admired by men is the most important step to secure and find a husband."* (Nigood, 20 years, Muslim)

Another respondent described how peers pressurised her to put on weight and also criticised her for putting on too much weight,

*"My friends used to say things like, "for god sake please put on some weight, where does all the food you eat go?" When I replied and said this is the way I am, they said, "It's not the way you are." They go on and point to a girl and say, "look how good she looks because she is not skinny." These kinds of remarks made me want to put on weight. When I did, they did not like it. They said, "We did not tell you to go that far, your belly is big, it looks like an old woman's belly."* (Suhha, 18 years, Muslim)

A fourth important influence was that of the media and the fact that many of the respondents were aware of different body ideals, as the following respondent explained,

*“But now I see that being slim is being beautiful because of all the changes according to new culture. Now the culture has changed due to the presence of technology, people now watch TV and see models from America and other places and then have a different view towards beauty.”* (Dalal, 25years, Muslim)

This respondent expressed the conflict between the two different messages, from the media which reflects more global and international views on ideal body image and the other messages from the Sudanese society that reflect traditional ideal body image.

*“I don’t know what to do, it is difficult and confusing. On one hand some people want me to be slim and wear fashionable clothes and on the other hand others want me to be overweight to become beautiful.”* (Amal, 16 years, Christian)

As previously stated, a few respondents did not seem to accept the dominant views on the role women should play in Sudan, as one respondent explained,

*“I believe our repressive society imposes different values to the rest of the world. Life is about your experiences. Everyone should be given the freedom to do whatever he or she pleases. We are neither prophets nor angels; human beings are sinners by nature. I do not advocate committing sins but I believe that one's freedom should not be taken away. Movement should not be restricted, for example, I cannot go out unless I am accompanied by one of my brothers. Do I suffer from any kind of physical inability? But truly, the things I hear of nowadays are outrageous.”* (Suhha, 18 years, Muslim)

Marriage is a reason behind practising beauty rituals as expressed by respondents,

*“I don’t know really, normally boys approach girls so I don’t think they would sit there looking good and wait for girls to approach them. I think all these things are done to attract guys mainly.”* (Nassrin, 21 years, Muslim)

Marriage represents a financial security for this respondent.

*“So it is easier to marry a husband who can afford for you to live a luxurious lifestyle than for you to achieve it yourself”* (Suhha, 18 years, Muslim)

The significance of the wedding day for the respondents is associated with negative impact if they fail to conform to social standards of beauty.

*“The bride will be so keen on the night to appear overweight and beautiful as she doesn’t want on her big day to appear thin and ugly. She would definitely be worried that people will say (why the bride looks so ugly, thin and malnourished).”* (Insaf, 23 years, Muslim)

Regular attendance at university is less important than wedding preparation.

*“During the wedding preparation period, I am not going to attend the university regularly”* (Rabab, 18 years, Muslim)

## **5.2.6 Theme Six: Health beliefs and perception of risk**

The response to questions about health beliefs and the known, or perceived, health risks linked to all the practices performed by the respondents, is another key theme that emerged from the data. A number of points can be made. Firstly, it is evident that the

practices, such as fattening or maintaining a sedentary lifestyle, were not considered harmful. As the following respondents explained,

*“It is not healthy to be slim. When you are slim it means you have a low immunity and any illness will have a serious effect on you. I have noticed myself that my reaction to any illness is more severe compared to other people.”* (Nada, 20 years, Muslim)

*“It is important to exercise after 60 years of age and not that important to do before you are 60.”* (Iman, 22 years, Muslim)

Health knowledge and awareness are not enough to be reflected in a healthy behaviour,

*“I believe healthy life style is referred to everyone should follow a healthy life. It is about a system in which you follow a specific form of diet combined with regular exercise. But I myself found it difficult to stick to them.”* (Sarah, 25years, Christian)

Secondly, there was a lack of knowledge about the health risks of such practices. This was evident in relation to skin lightening products used by participants as some of them perceived lightening creams to be as sun block creams, although they acknowledged their lightening effect. This notion was widely accepted and used by many of the respondents to justify the use of skin lightening creams.

There was also the strength of the results and apparent health of others that works to outweigh any consideration of possible health risks, as the following respondents explain,

*“My aunt is 49 and she’s been using it every day since she was 21 and she hasn’t experienced any problems yet and she has recommended it to me. Therefore, if there*

*are any side-effects it would have happened due to long term use and I would not be bothered by that time.” (Suhha, 18 years, Muslim)*

Thirdly, for some of the respondents, their beauty practices remained important despite the health risks,

*“I have heard that Black Henna can cause kidney failure. I wouldn’t change my mind but if there is a better alternative to Black Henna I would use it but, if it is not available, I would carry on with henna dye as I am frankly looking for beauty and I will not stop my search no matter what.” (Dalal, 25 years, Muslim)*

Another respondent, also reflecting on the use of black henna, commented,

*“There is no way for such a change to happen in the short run (maybe in 30 years) because it needs a lot of work and time. In addition to the fact that these habits belong to our culture and people will not give up on them, no matter how much you try to. I love the dye and I will never quit it even if I learn it is bad for my health.” (Nada, 23 years, Muslim)*

However, awareness of the health risks associated with the respondent’s practices did result in some change, as one respondent reflected,

*“I actually know of some possible side effect. Indeed, it did cause me some trouble with my face. I went to the clinic and I had to get medication. Afterwards, my face went back to normal. Ever since that happened, I decided not to use them anymore.” (Nawal, 17 years, Muslim)*

The respondents were asked questions regarding ways of addressing what may be considered risky behaviours linked with the common beauty practices. In relation to

black henna as a beauty practice, for the majority of respondents, was the strong belief of its importance and deep embodiment within society. They, therefore, believe there is no room for behaviour to be changed regarding the black henna practice. However, some respondents believe policies change and policy regulation would have some impact on behaviour as well as through educational programmes. As two respondents commented,

*“In general, trying to convince people that their idea about anything in life is wrong is difficult, especially when they are convinced to a certain degree that they are not doing anything abnormal. The society's view can be influenced with various methods, pointing out the dangers of using such creams with high chemical contents and their effects that can be fatal. These points, when presented with strong scientific evidence and a convincing argument, can be very effective in eradicating such behavior and educating the society.”* (Nassrin, 21 years, Muslim)

*The majority of students are careless and do not give such programs the attention they deserve, therefore trying to educate and introduce new ideas to such people will not fruit. However, there are others who are willing to learn and change, all they need is something to guide them in the right path. Educational programs must target the younger generations to make them aware and to have a sound platform for the future which cannot be replaced or changed with ideas we have in our society now.”* (Salwa, 19 years, Muslim)

Moreover, some of the respondents emphasised the point that a wide range of groups need to be educated, not just young women. As the following respondents stated,

*“The process of change can be done by the teachers, mothers and grandmothers because they play an effective role in educating the children good manners.” (Salwa, 19 years, Muslim)*

*“We can do campaigns for health to include all of society even the pharmacists and doctors and men.” (Insaf, 23 years, Muslim)*

Also there is an emphasis on shopkeepers to be banned as they play a tremendous role in promoting various products hazardous to human health and women in particular.

*“The shopkeepers and the street sellers because they mix creams together, should be banned by the ministry of health and toughen the regulation of the pharmacies and prohibit the pharmacies from selling lightening creams.” (Samar, 22years, Muslim)*

A number of participants would like the availability of skin lightening creams to be restricted even though they use them. Equally, those who called for educational programmes are aware of risk health behaviour though still engaged in health risk behaviour.

*“I am not satisfied with my skin colour; I want it to be lighter. So I am looking for a more potent cream.” (Dalal, 25years, Muslim)*

The same respondent who is looking for a strong skin lightening cream also advocates for education to raise awareness and policies to ban skin lightening products.

*“Lectures and talks in the mosque and the distribution of newsletters can be effective to raise awareness, as all Sudanese people are soft hearted. The first thing I think would work is to tell the ministry of health to stop importing these products and withdraw*



*these products from the chemist and prevent people from using them.” (Dalal, 25 years, Muslim)*

Consequently, many of the respondents felt that awareness solely is not sufficient to deter health risk behaviour. Though respondents gave emphasis to shopkeepers being part of an education programme, equally essential, consumers should be alert and vigilant of what they are consuming.

*“The concept of women’s beauty is deeply rooted in the society, as has been running for generations and it is very difficult to change. I don’t think the law can help with these practices. If we make legislation to ban or stop some of them, people will continue doing them. But we can stop importing these creams from abroad as they are all made abroad. For our locals we should focus on education and teaching people about the health risks associated with usage.” (Ishraga, 24 years, Muslim)*

*“The society’s view can be influenced with various methods, pointing out the dangers of using such creams with high chemical contents and that their effects can be fatal. These points, when presented with strong scientific evidence and a convincing argument, can be very effective in eradicating such behaviour and educating the society.” (Amanda, 19 years, Christian)*

## **Chapter 6 Discussion**

### **6.1 Introduction**

The study findings revolved around how young, educated, Sudanese women perceived their body image, the rituals they practiced and the influences that shaped their behaviours. The findings will be discussed within the context of the conceptual framework and literature review.

### **6.2 Variations and dynamic in beauty concepts**

General beliefs about what constitutes femininity and beauty are embedded in societies, shaped by societal factors, and thus variable in time and place. This varies from one society to another, and moreover within society, it varies across time. Accordingly, the dynamic process of conceptualising female physical beauty in Sudan, the beautification practices and the methods used to achieve beauty have evolved through time. For instance, face scarring and lip tattooing have lost their values as a feature of the Sudanese female body ideal; hence these beauty rituals are no longer practiced. Other practices, such as the three concepts of beauty on which this study focuses, continue to be valued and cherished.

In addition, the findings revealed that clear changes have taken place in the method used to achieve weight gain, skin lightening and black henna skin decoration. In the past, methods used to achieve beauty standards were simple and relied more on natural resources. Over time and with scientific developments, women started using less of these natural substances and switched to the use of new products and chemicals. These new products have been adopted on the belief that they are more efficient in achieving similar results of beauty. This is evident in the switch from natural henna to black henna, the use of Dokhan now complemented with a wide range of skin lightening

products, and in the increased use of fattening pills and insulin injections to supplement the gaining of weight through a sedentary life style and a high calorie diet. Due to lack of scientific evidence linked to the behaviour of fattening pills and insulin inappropriate use may carry certain risk needs to be explored further. These new products and their efficiency come at a high cost of health risk and a negative impact on health. These beauty practices are increasingly more risky and impose a negative impact on women.

### **6.3 The importance of physical attractiveness for women to achieve social identity and sense of self.**

One of the objectives of the study was to investigate young women's views of, and engagement with, beauty practices as linked to the dominant perceptions of female beauty ideal in Sudan. According to the study's respondents, physical attractiveness holds significant meanings to them. Firstly, being considered beautiful according to Sudanese standards enriched many of the participants' sense of belonging to Sudanese society. This sense of belonging helped these participants to achieve their social identity through which they gain their sense of self-worth. Hence the ideal body image of the Sudanese not only means beauty but also the link to being a Sudanese woman.

The findings revealed that out of the 19 women who were interviewed, 19 participants applied or were willing to apply Black Henna, 16 of the participants were using or had used skin lightening products and 13 respondents intended or were trying to gain weight. Therefore, these beauty practices are meaningful to these women as they are generally heavily engaged in practicing them. The findings revealed that the beauty rituals made many of the participants feel happy, fashionable, sexually attractive, as

well as enhancing their employment and marriage prospects and their standings in their communities.

Marriage, perceived vital by participants as stated above, and the performing of the beauty practices have meaning for the participants; real meaning linked to sense of self, sense of womanhood and sense of cultural belonging. Moreover, the findings reveal that these practices are the main factors in achieving and maintaining one's social standing as a woman, a potential marital partner and wife. The institution of marriage in the Sudanese culture holds a significant meaning to women. As discussed previously in chapter two, society places tremendous emphasis on the role of a woman as being a house wife. In Sudan, the social identity for Sudanese women is very closely linked to the institution of marriage. Moreover, the desire to get married is associated with many incentives and social enforcement, not least the financial security this can bring. Marriage is a significant event for all respondents as it is shaped by the society, it represents the peak period of exposure to entire beauty practices. Women try to please their husband and to impress people attending the wedding.

The findings revealed that those respondents who did not take part in these practices faced feelings of alienation, most often described in the interviews as a feeling of social rejection, sense of shame, anxiety and sadness. The study also revealed that some women made use of these practices gladly; some rejected these practices and were able to negotiate and overcome to different levels, pressures they faced by their family, peers and the media. The research literature spotlights the fact that these feelings most often encourage women to engage in constant body monitoring and surveillance (Fredrickson and Roberts 1997; McKinley 1995). Thus, the importance of conforming

to dominant, gendered perceptions of beauty has a real impact. It does not only shape a woman's perception of her body but influences her life behaviour to maintain her body to that standard.

The dichotomy of acceptance and alienation seems an important factor in shaping the respondents' views and practice. The two forces of the happiness of social approval and the fear of social rejection play a major role in beautification practices. They are a very strong deterrent to standing against social norms.

#### **6.4 Response to influences**

Exploring and understanding factors which influence a woman's attitude and behaviour towards achieving an ideal body image from the participants' perspective, is an important starting point especially when considering behaviour modification or change.

One important factor expressed by participants is social pressure. Women need to conform to social norms for instance the use of black henna is a deeply rooted tradition and almost all participants accept this practice. One reason behind this is that women try to avoid shame and anxiety about what others would think about their look. Society appreciates light skin colour, as do most of the participants, as well as a full-figured body, so they tend to conform to this type of beautifications. In one case, a respondent loves sports and is a professional player and enjoys the sport she plays. However, she is prepared to give up her sport - firstly, because the social norm does not approve and; secondly, because of her need to fulfil her new role as a married woman and to be seen as a respectable woman. She was identified by the social concept towards women and physical exercise as a form of disrespected behaviour according to the Sudanese

society. She would prefer to live the painful experience of giving up her hobby for not meeting society's approval than to continue with it and be socially alienated.

By examining socio-cultural influences, the findings provide support to the tripartite model of influence. There is emphasising the role of parents (members of family), peers and media effect through internalization to socially constructed standards of beauty and social comparison. According to the findings, family members have evidently influenced the participants' views on beauty practices. Family members are a source of influence to the participants to conform to ideal body image in addition to being role models. Many mothers are the carriers of a woman's social tradition, including beauty ideations, from their generation to the next. This is achieved by putting more pressure on their daughters to adopt the same attitude and to follow the same path as themselves. It seems that some family members such as aunts are also advocates of feminine beauty. Their experience and attitude toward beauty practices are appreciated by some participants.

The study revealed other influences. Outside family circles, the respondents reflected on the impact of peer groups. Friends are the core of peer groups and it is generally acceptable that individuals try very hard to be accepted by their peer groups. This acceptance is achieved through identification with peer group norms and values and imitation through social comparison or belief in what they do. The media has some role to play in shaping body image perception. Widespread TV and internet availability leads to some Sudanese women becoming exposed to values and body image ideals of other cultures. Those exposed to media influence feel the confusion of receiving different beauty ideals (Sudanese beauty ideations and body image ideals of other

cultures reflected by the mass media) and this can create more pressure for women. As a result, some of the women found attractiveness standards to be conflicting between local culture and imported culture. The beautification process seems like a systemic tide with different waves coming from different directions pushing towards beauty ideal. These waves reflect the society, with its different organisations; the state, family, peer groups and media.

### **6.5 Conflict between knowledge, awareness and behaviour**

Respondents' knowledge of health risk of induced weight gain, skin lightening and black henna differ. Some have had negative experiences themselves, some have witnessed the complications experienced by others and some have only heard about the health risks associated with behaviour. The findings suggest that in relation to knowledge, awareness and behaviour, women's responses can be categorized into three groups.

One group of women had the knowledge and belief of the health risks that matched their behaviour. In other words, they are aware of the health risks and this prevented them from engaging in any beauty practices that put their health at risk.

The second group of women, whilst, their knowledge and beliefs prevented them from participating to some degree, in risk behaviours, it didn't prevent them from other risk behaviours.

For the third group, knowledge and awareness did not prevent them from carrying out the health risk behaviours. Women are experiencing a conflict between their knowledge, awareness and behaviour. Several factors influence women to behaviour in certain ways socio economic status and psychological factors interact together with different variations in the degree of influence. Furthermore, as these beauty practices

are deeply embedded in the Sudanese culture and they hold the meaning of self-sense and social identity, women feel a social obligation to conform. According to the findings, the majority of respondents conformed not only to ideal body image but also to quitting healthy behaviour (physical exercise) to gain social acceptance. One respondent, despite looking for powerful skin lighting creams, advocated for a marketing restriction for skin lightening products. This demonstrates the contradiction between her behaviour and her beliefs.

There are real and increasing health risks involved in the common beauty practices; the participants are aware of this conflict. This shows that awareness alone is not enough; knowing the health risk, it would seem is not a forceful preventative to these practices. It is evident that women knowingly put their health at risk to conform and achieve social identity. This would question any behavioural change solely through knowledge. The community's interventions could be considered more effective in this case when it is able to capture the dynamic of all factors involved.



## **Chapter 7 Conclusion**

This chapter provides a conclusion of the study's main results, recommendations and future directions of research.

Fredrickson and Roberts (1997) proposed the objectification theory which represents a framework for understanding female bodies in cultures that objectified women bodies. Not all women are equally subjected to body objectification, whereas, women's bodies may be exposed to harmful behaviour. Culture, individual differences, parents, peers and the mass media have the potential to play a strong role in shaping an individual's perception of an ideal body image. Hence, the ways in which individuals perceive their bodies and their associated behaviours is shaped by dominant narratives of beauty. In addition to that, Socio-cultural variables influenced beauty practices in Sudan, social setting provide in line with tripartite model of influence. Rooted in a conceptual map based on these key considerations, this study investigated the nature and development of beliefs related to traditional beauty practices in Sudan and associated behaviours in educated young Sudanese women. Nineteen female university students from different universities across Khartoum were interviewed using an open-ended interview technique. These participants came from both Christian and Muslim families and, regardless of their original place of residence, were all city-residents at the time of this study. These respondents' demographic features in this study do not reveal any differences in perception and attitude towards the beauty practices in question.

A number of key points can now be made. First, in Sudan, the modern notion of beauty is similar to the traditional one in terms of induced weight gain, skin lightening and skin decoration. However, traditional and modern differs in the method used to achieve these beautifications.

Secondly, outcomes of beauty practices under study, perceived that apart from enhancing beauty it also serves many other purposes. These other purposes of beautification rituals are perceived by participants as a sign of health, sexuality, mood lifting, improving employment prospective and social status.

Thirdly, the society is a cause of pressure for women to conform to social beauty standards. The effect of family, particularly mothers, peers and media seem to have a variable but significant impact on women. Individual factors such as education and self-esteem interact to modify the impact of this social pressure. It seems from the finding that these individual characteristics have a limited effect in reducing the level of conformity.

Fourthly, it is evident that the beauty practices carry increasingly high health risks. The findings suggested that the level of health risk awareness varies between respondents. Awareness of health risk does not prevent health risk behaviour associated with beauty practices for the majority of participants. Since the level of awareness of health risk behaviour had positive effects on some of the respondents, this could also have the potential to create a positive impact on the others.

It is vital to note that the present study according to its exploratory nature no attempt to present certain prevalence rate of health risk behaviour linked to beauty practice in Sudan. Additionally, this study for above similar reason, does not attempt to formulate or test any hypothesis. However, it provides empirical evidence and knowledge confirming the existence of the phenomena of performing of health risky beautifications practices in the social context of Sudan.

Furthermore, due to lack of scientific evidence linked to the behaviour of fatting pills and insulin inappropriate use may carry certain health risk needs to be explored. These

new products and their efficiency come at a high cost of health risk and a negative impact on health. These beauty practices are increasingly more risky and impose a negative impact on women.

### **Recommendations and further researches direction**

This section provides recommendations which focus on developing the scientific knowledge on the study subjects through further researches. Researches needed, in association with enormously understudied the three beauty practices in Sudanese culture.

Firstly, the findings of this study can be utilized as hypotheses to develop other related researches. Secondly, researches of tremendous importance to determine prevalence of the health risk behaviour associated with these three beauty practices (induced weight, skin lightening and black henna skin decoration) in Sudan. Thirdly, further studies that include other Sudanese tribes, different age ranges, males' participants aim to improve health services to these groups.

Furthermore, future research could be considered to examine the phenomena in other social classes which may reveal different intended outcomes and the use of different methods to achieve the beauty ideal. Finally, encourage researches which will assess the need for health promotion programme and policy development.

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## **9 Appendix**

### ***Documentation Sheet***

Documentation Sheet contains pseudo name, age, address, religion, university and original place of living.

#### **9.1 Interview schedule**

This includes some questions that guide me during the interview to ensure the generation of similar data from different participants. Furthermore to enable me to address all issues related to the study. Moreover, to encourage participants to express themselves openly, open ended and probing questions were asked and leading questions were avoided. Specifically the following types of questions were used:

Knowledge questions: e.g.

What do you understand by healthy life style? And also

Experience questions: e.g.

Could you tell me about your experience in using lightening products and henna?

Feeling questions: e.g.

How do you feel when your skin colour is lighter than it used to be?

Grand tour questions: e.g.

Can you describe the things you do to look beautiful?

Mini- tour questions: e.g.

Can you describe what happens when you apply Henna on your body?

Probing questions or exploratory questions: e.g.

Can you tell more about that? How do you feel about that? What was the experience like for you?

The main topic of my interview will be covered by the following subjects:

### **Concept of women's beauty**

How do Sudanese see a beautiful woman?

How do you think a beautiful woman look like?

### **Life style**

- What do you understand by healthy life style?
- Could you tell me about your life style?
- What do you think about your life style?
- Are you prepared to do some changes regarding your life style?
- If yes why?
- If no why?

### **Diet**

- What type of food do you normally consume?
- Do you think and choose the type of food you eat?
- If yes why?
- If no why?
- What are the factors affecting your choice of food you consume?

Taste/finance/time/availability

### **Weight**

- What do you know about ideal weight?
- How do you see your weight?
- Now/In the past/In the future

- Why do you see it this way?
- Peer views/ Scale
- How do you feel about you weight?
- Why?

### **Exercise**

- What do you think of regular exercise for women?
- Do you exercise? If no Why? If yes what type?

### **Skin lightening products**

- Are you familiar with skin lightening products?
- Have you ever used them?
- If yes why? If no why
- What are the patterns and behaviour associated with their usages?
- Have you ever used it on other parts of your body a part from your face? If yes why?
- Are you aware of any health risks associated with using such products?
- Long term/short term/side effects
- What is level of knowledge of side effects?
- Would this knowledge affect usages?
- If No why

### **Henna**

- How do you feel about Henna usage?
- Family /husband or future husband
- What are the problems associated with it?
- Would awareness of health related risk affect its usage?

- If No why?

### **Self-esteem**

- How do you see your body image?
- What do you think others perceive your body image?
- How do you feel about their perception to you?
- Would this have effect on the way you value yourself?
- Has it any effect on the way people treat you?
- Have you tried to change your body image?

### **Awareness**

- Where have you got your knowledge about body image, life style?
- Society family/Peer group/Media/Culture
- Which source is the most important and influential to you?

### **Change**

- Why do people change their views and behaviour?
- What about you?
- What are most important factors for you?